The role of shame, self-blame and PTSD in attrition of rape cases: victim and police perspectives

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Overview

This thesis considers the role of psychological factors in disclosure of rape, and the attrition of rape cases. Part 1 begins by considering literature on how psychological reactions to rape affect disclosure. It considers who people disclose rape to, incentives and barriers to disclosure, the reaction of the confidante, and the effect of disclosure on the victim. Part 2 investigates the role of three psychological consequences to rape: PTSD, shame and self-blame, in the high attrition rate of rape cases. Specifically, it uses three mixed-methodology studies to investigate victim and police perspectives on the police interview and on the high attrition rate (data collection for study 1 of the thesis was in collaboration with Hardy (2008), see Appendix 1). Finally, Part 3 considers challenges that arose in Part 2, in particular in relation to psychodynamic ideas about the functioning of the organisations involved in recruitment for the studies.

Contents

List of Tables

Part 2: Empirical Paper

List of Figures

Part 1: Literature Review

Part 2: Empirical Paper

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Part 1: Literature Review

How Do Psychological Reactions to Rape Affect Disclosure of the Crime?

Abstract

Most victims of rape do not tell anyone, and psychological reactions to rape contribute considerably to this silence. Those who do disclose prefer non-formal disclosure. Positive reactions from the confidante are more likely if both the rape and the victim fit stereotypes of rape myths. Whilst positive reactions to disclosure can lead to recovery and adversarial growth, negative responses can compound the adverse psychological consequences of rape. Negative reactions to disclosure of rape often result from misinterpretation of signs of psychological response to trauma. This review highlights the importance of educating professionals involved in rape, about how post-trauma reactions can present. The review also suggests the importance of acknowledging and challenging rape myths in wider society, in order to increase disclosure and decrease adverse psychological reactions such as victim shame and self-blame.

1. Introduction

Rape is a serious crime which results in severe psychological consequences for the victim (Faravelli, Giugni, Salvatori, & Ricca, 2004). Results from the British Crime Survey (BCS) (2005/6) found that 5.7% of women and 0.6% of men said they had experienced a rape or attempted rape since they were 16 (Coleman, Jansson, Kaiza, & Reed, 2007), although other estimates have put rape prevalence in the UK at as high as 25% (Painter, 1991).

Despite the severity of the crime and its aftermath, a large percentage of victims never disclose the rape. Findings from the BCS (2001)[1] suggest that only 15% of rapes come to the attention of the police (Office for Criminal Justice Reform, 2006), and as many as 40% of victims may never disclose the event to anyone at all (Office for Criminal Justice Reform, 2006).

Of the cases that are reported to the police, at present only 6% result in a successful conviction (Office for Criminal Justice Reform, 2006). Some of this small percentage is a consequence of rape cases being unsuccessful in court: for example, in 2004, 28% of rape cases tried in court resulted in prosecution (Office for Criminal Justice Reform, 2006). However, in fact, between one-half and two-thirds of people who initially report a rape to the police drop out of the system *before* referral to the Crown Prosecution Service (Kelly, Lovett, & Regan, 2005). This "drop-out" could in part be a result of the victim experience of disclosing the assault. Understanding the process of disclosure is thus vital in understanding both the low rate of disclosure and the high rate of attrition. More than this, it can help us to understand the effect of

[1] British Crime Survey for the most recent publication of data is used where possible, but earlier versions of the BCS have been analysed in greater detail than the more recent BCS due to a greater time having elapsed since data collection, so where this greater analysis is useful, older versions are cited.

disclosing on the person who has been raped, and perhaps help guide what reactions and support structures are likely to be most helpful.

This review examines the empirical literature on the disclosure of rape, with a view to understanding five key questions:

(1) To whom do people disclose rape?

(2) What inhibits and facilitates disclosure?

(3) What reactions to disclosure are experienced?

(4) What elicits different types of reaction from the confidante?

(5) What effect does disclosure have on the person who discloses?

1.1. Search strategy

Initially a wide search was performed to obtain a scoping review of the literature. Search terms were identified as: "rape", "shame", "self-blame" "disclosure" "PTSD" (and all variants of this term e.g. Post-Traumatic Stress Disorder), "police interview", and "sex*". Each word was paired with all other words and the specification "not child*" was used to filter out literature on childhood sexual abuse. Results were restricted to peer-reviewed journal articles and book chapters in English. Electronic databases PsychInfo and PubMed were employed.

These search criteria were too wide for the scope of this review, with the search for "PTSD and rape" alone yielding thousands of articles and the overall search generating over 10,000 articles.

Search terms were modified to "rape and disclosure". This yielded approximately 300 articles (up to 20 September 2007). The titles and where possible the abstracts were read. Duplicated or inappropriate articles (i.e. articles that did not refer to rape or were about childhood sexual abuse only) were removed. Further

articles were found from references of these papers, and from the "related articles" function in PubMed. Additional search terms were entered in PubMed of "rape myth" (3 October 2007) and "adversarial growth" (4 January 2008) and again the related articles function was used to expand the search. This review draws from 108 articles, reports and book chapters to address the five questions outlined above.

1.2. Definitions

Definitions of rape and sexual assault have been controversial in the research literature and judicial system. The current legal definition of rape has been expanded to include oral and anal rape, which have previously been classified as sexual assault. Thus rape is where a man intentionally penetrates the vagina, anus or mouth of another person with his penis, without consent and without believing consent to have been obtained (Sexual Offences Act, 2003) whilst sexual assault is the wider definition of causing someone to engage in sexual activities (vaginal intercourse, anal intercourse, oral sex, penetration with object or digit and masturbation), without the person's consent. The definition of sexual assault is inclusive of rape and much of the research literature uses the two terms interchangeably. This review concentrates on rape, but where necessary, if no rape-specific research is available, uses research that uses the wider term of sexual assault. The majority of the literature available investigates disclosure of female rape, and this review reflects this, although male rape is briefly considered under barriers to disclosure.

2. To Whom Do People Disclose Rape?

Disclosure of rape can include reporting to the police, telling an individual in another professional role, or telling a friend, partner or relative.

In a study of 102 women who had been victims of rape (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007) a low rate of disclosure to formal support sources as opposed to informal support sources was found. Nearly 75% of women told an informal source of support first (e.g. friends, family), nearly 15% told formal support providers (e.g. police, medical professionals) and nearly 8% told no one at all.

One study of acquaintance rape found that whilst fewer than 25% of victims of acquaintance rape or attempted acquaintance rape disclose within 24 hours, most (90%) told someone within 6 months of the assault (Rickert, Wiemann, & Vaughan, 2005). Approximately 50% of victims told only one person. Of the victims who disclosed, most told someone they knew in a non-professional context, with disclosure to a girlfriend being most popular (50% of disclosures). Next most common was disclosure to a parent (10%) and least common was disclosure to police (one person). Very little mental health support was sought (9% of rape or attempted rape victims).

It is clear that disclosure of rape in an informal setting is more common than reporting to formal, professional services.

2.1. Disclosure to medical professionals

Rape is a physical assault, and has many physical consequences. This may mean that a victim discloses their rape to a medical professional in the context of seeking help for a range of physical symptoms. Additionally, some physical consequences of rape are linked to the psychological impact of the assault. Whilst health consequences such as physical injury sustained during the assault, sexually transmitted infections (STIs) including HIV, and unwanted pregnancy, are likely to

have additional psychological impact, conversely psychological symptoms can also have an effect on physical symptoms experienced.

This link has been investigated in women with fibromyalgia, a physical condition characterised by symptoms of widespread pain and multiple tender points (Ciccone, Elliott, Chandler, Nayak, & Raphael, 2005). Women with fibromyalgia have reported higher rates of sexual and physical abuse than women reporting other rheumatic disorders (Walker et al., 1997) including a specific association with rape (Ciccone et al., 2005). Not only has sexual and physical abuse of women been associated with increased generalised medically unexplained pain (Raphael, Chandler, & Ciccone, 2004) but also with increased pain in certain anatomical sites, namely the pelvis (Walker et al., 1995), head (Golding, 1999) and lower back (Lampe et al., 2003).

Indeed, women with fibromyalgia who have been raped have been found to be 8–10 times more likely to have specific pelvic pain as opposed to generalised pain (Chandler, Ciccone, & Raphael, 2006), suggesting that medical professionals treating women (or men) for specific pain in these areas should be particularly aware that they may have experienced a rape and may wish to disclose. However, the participants in Chandler et al.'s study openly included women who had been both raped in adult life and sexually abused in childhood. Future research might try to find a sample population where adult rape had occurred without childhood sexual abuse, to remove confounding variables of previous abuse history.

Despite increased likelihood for physical pain in rape victims, many people who have been raped do not seek medical care. Of 350 women surveyed in a U.S. emergency department, approximately 40% had been sexually assaulted at some point, 70% of these assaults occurring after the woman was 15 (Feldhaus, Houry, &

Kaminsky, 2000). Less than one-half of these women contacted the police (46%) or sought medical care (43%).

2.2. Disclosure during psychological therapy

Studies have shown that people are less likely to disclose information in therapeutic settings if it is of a sexual nature or if it involves feelings of failure and alienation (Hall & Farber, 2001; Norton, Feldman, & Tafoya, 1974; Yalom, 1985). People are also less likely to disclose information if it involves painful and traumatic events, or themes of violence or abuse (Larson & Chastain, 1990; Norton et al., 1974; Weiner & Schuman, 1984). Since rape fits all of these criteria for difficulty of disclosure, it could be hypothesised that it is less likely to be disclosed in therapeutic settings than other events. However, there is a paucity of literature specifically relating to disclosure about rape during therapy.

2.3. Disclosure to the police

Telling the police about a rape is the beginning of a structured process, and very different from other disclosures. In the UK, the process of reporting rape to the police has been reformed in recent years, with the hope of improving the experience of the person reporting the crime. The whole process from report to court usually takes between one and two years. It is summarised in Figure 1.

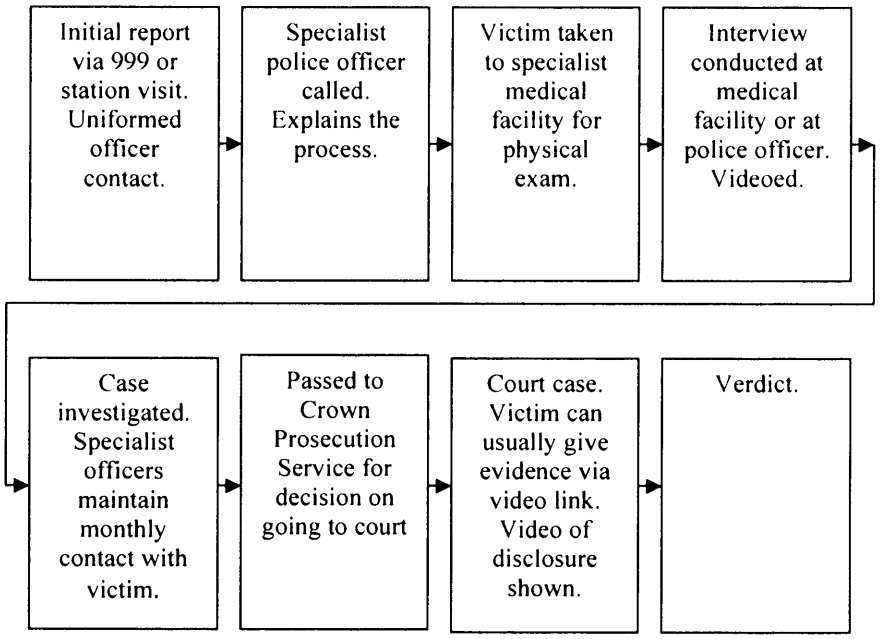

Figure 1. Flow diagram of process from report to court.

Initial reporting can be via a 999 call or through direct presentation to a police station. First contact is with an officer *without* specialist training whose job it is to take brief details about the crime. The victim is then referred to a specialist Sexual Offences Investigation Trained officer (SOIT officer) who will explain to them that they need to obtain a full statement and also forensic evidence from a medical examination. Victims are then taken either to a specialist NHS-police liaison centre (e.g. one of the "Havens") or to a doctor in a hospital setting, to be examined for injury and for forensic evidence to be collected. After this the victim will usually be given the choice of giving a statement straight away or waiting until the next day.

Statement taking is done using the "Achieving Best Evidence" (ABE) guidelines (Home Office Communication Directorate, 2002). These include videoing the statement so that if necessary it can be played back in court, allowing members of the jury to see the person describe the rape for the first time. Additionally, any inconsistencies in the account are picked up on and checked whilst on tape, to give

the person reporting the crime the best chance of explaining events while they are still fresh in their memory.

After this process, the victim can return home, but may need to give further evidence if they are required for identification of a line up or for their input for photo-fit descriptions. SOIT officers maintain regular contact. If a suspect is found or clearly identified then the victim decides whether or not to press charges. If they press charges the case is referred to the Crown Prosecution Service who assess the evidence to see if it should be tried in a court of law. If the CPS accepts the case then a court date is awaited.

This process is clearly long and difficult. The British Crime Survey 2005–06 showed that people disclosed to the police in only 13% of cases of serious sexual assault since the age of 16 (Coleman et al., 2007), and after consideration of what disclosure to the police entails, this is perhaps not surprising. Further research investigating victim experience of police interview and court procedures would inform potential changes which may help to make the process easier and the rate of reporting higher.

2.4. Disclosure to friends and family

In Rickert et al. (2005), described above, 60% of people who had been raped disclosed to friends or family. The British Crime Survey 2005–06 shows that for the approximately 60% of people who do tell someone, the main group that victims confided in was friends, relatives or neighbours (48% of those who had disclosed) (Povey, Coleman, Kaiza, Hoare, & Jansson, 2008).

3. Incentives to Disclose

One qualitative study on disclosure, asked 94 women who had told someone about a rape why they had done so (Ahrens et al., 2007). The majority (64%) cited a help-seeking behaviour (emotional support, 38%, catharsis 13%, tangible aid, 7%, catching the rapist, 5%) whilst 36% did so because another initiated it (to explain behaviour, 13%, discussion about rape, 9%, asked what's wrong, 7% and person present at scene, 7%). Ahrens et al.'s study is an unusual combination of the use of a large sample size and a qualitative methodology, and it generates a dataset which is both rich and has increased generalisability. Results fit with previous research which has suggested that the primary motivations for disclosing rape include a desire for others to help them feel better, provide some kind of help that is needed, or result in justice (Bachman, 1993, 1998; Fledman-Summers & Norris, 1984; Golding, Siegel, Sorenson, Burnam, & Stein, 1989).

An additional putative motivation might be in order to make sense of what has happened through discussion with others. There is no research literature investigating this, but clinical material suggests that talking with others can help an individual to "re-author" their narratives in a more helpful and positive way (Morgan, 2000). More concrete operationalisation of this idea could inform ideas for future research.

4. Barriers to Disclosure 1: Psychological Reactions to Rape

The psychological consequences of being raped are wide-ranging. They include symptoms of post traumatic stress disorder (PTSD), anxiety, depression, sexual and relationship difficulties, eating disorders, substance abuse and higher levels of negative affect, e.g. shame (Faravelli et al., 2004). Symptoms of these

different psychopathologies are more prevalent in adult women who have experienced a rape than in adult women who have experienced other severe life-threatening events, for example where they had been victims of a car accident, a violent robbery or a physical assault (Faravelli et al., 2004). Faravelli et al.'s study was particularly well-designed, since they eliminated several confounding variables by including only adult women with no history of childhood sexual abuse and where the rape had been established with certainty by the police, and they compared this sample with adult women who had had other severe but non-sexual traumas. It is reasonable to assume that the psychological reactions described by Faravelli et al. are likely to affect whether or not someone decides to report a rape, and also how that person presents when they do disclose.

4.1. The effect of PTSD on disclosure

Rape is associated with a lifetime PTSD prevalence of 57% (Kilpatrick, Saunders, Veronen, Best, & Von, 1987), a prevalence which is higher than after most other traumas (Breslau, Davis, Andreski, & Peterson, 1991; Kilpatrick et al., 1989; Norris, 1992). This increased prevalence has been related to the high perceived life threat often associated with rape (Frazier et al., 1997) and to the particularly intrusive nature of the assault (Ullman & Filipas, 2001). Symptoms of PTSD include re-experiencing, hyper-arousal and avoidance, as well as a range of difficult emotions such as anger, shame and denial or sometimes a lack of affect altogether (American Psychiatric Association, 1994). They can have a major impact on an individual's life, and are likely to impact on a person's ability to talk about their rape.

Experiencing rape increases the likelihood of PTSD no matter what the type of rape (Ullman & Filipas, 2001), but some types of rape increase the likelihood of

PTSD even more. People who have been raped by a stranger, raped using force or weapons, and raped in a way that results in greater physical injury are at even greater risk of developing PTSD (Bownes, O'Gorman, & Sayers, 1991). People raped in locations rated as safe, and people attacked by more dangerous assailants had increased PTSD even when assault brutality was controlled for (Cascardi, Riggs, Hearst-Ikeda, & Foa, 1996).

In addition, personal factors can increase the likelihood of developing PTSD. A history of childhood sexual abuse is thought to lead to a decreased sense of control and an increased likelihood of developing PTSD after rape (Bolstad & Zinbarg, 1997). Certain coping strategies have also been found to be maladaptive: rape victims who rely on wishful thinking as a coping strategy have more severe PTSD symptoms than people who use positive coping strategies, such as cognitive distancing, optimism, and acceptance coping responses (Valentiner, Riggs, Foa, & Gershuny, 1996). Information-processing theories of PTSD suggest that it is underpinned by a failure to process trauma-related information. They suggest that memory records of trauma are more disorganised and fragmented than memory records of non-traumatic events, and that if someone has symptoms of PTSD then this is even more the case (Foa & Riggs, 1993). This would mean that people who have experienced a rape may not be able to give a coherent account of the event, since memories of the rape would be mostly made up of representations of intense emotions, incomprehension and confusion (Kilpatrick, Resnick, & Freedy, 1992).

PTSD victims have attention bias and memory bias for trauma-related information (Amir, Coles, & Foa, 2002; Foa, Feske, Murdock, Kozak, & McCarthy, 1991). The psychological treatment of "reliving", where individuals are encouraged to re-tell the story of their trauma, aims to lead to a more coherent and organised

representation of the traumatic event (Foa & Meadows, 1997). Before treatment, the accounts that victims of sexual assault give of their trauma are more ambiguous (Tromp, Koss, Figueredo, & Tharan, 1995). After therapy, victims' narratives are longer, less fragmented, have a higher percentage of organised thoughts and result in less reported anxiety. This suggests that it is likely that PTSD would affect the coherence of a disclosure of rape.

A clear association has been found between PTSD severity and articulation, as measured by a computer program designed to assess reading ability, in 12 women who had recently been sexually assaulted (Amir, Stafford, Freshman, & Foa, 1998). Amir et al. (1998) suggest that less articulated trauma memory could be a risk factor for PTSD, fitting with the theory that fragmented processing leads to increased PTSD severity (Foa & Riggs, 1993), and supporting the idea that traumatised victims may find disclosing rape difficult. Amir et al.'s use of a computer program to assess reading ability as an operationalisation of account articulation is ingenious, although their sample size is small. Repetition of this study would add generalisability.

Evidence on difficulty disclosing trauma can be related to the dual representation theory of PTSD (Brewin, Dalgleish, & Joseph, 1996) which states that traumas experienced in adulthood result in two types of memories being formed: verbally accessible memories (VAMs) and situationally accessible memories (SAMs). Whilst some information is available to be talked about (VAMs), other memories cannot be accessed verbally, but are accessed when salient "triggers" from the trauma environment are re-experienced. Thus a flashback of the rape may be triggered by the smell of the aftershave that the rapist was wearing. This model would suggest that some information about what happened during the rape will not be verbally accessible to the victim as they try to disclose, whilst at the same time

they may experience distressing intrusions and flashbacks. This is further evidence that PTSD symptoms are likely to discourage disclosure, by leading to upsetting re-experiencing, and also result in less coherent (and more poorly perceived) accounts.

It is clear that people who have experienced a rape are extremely likely to have symptoms of PTSD after the event, and probably during the process of disclosure. Whilst a diagnosis of PTSD can be made only after symptoms have persisted for a month, the symptoms are often present from the moment the trauma occurs, and can thus impact on disclosure. No study has specifically considered the impact of PTSD on disclosure of rape, and this is an area ripe for research.

4.2. The effect of shame and self-blame on disclosure

Shame is defined as "an inner experience of self as an unattractive social agent, under pressure to limit possible danger to self via escape or appeasement" (Gilbert, 1998). It has been linked to both child and adult sexual abuse, including adult rape, and has been found to be associated with symptoms of PTSD (Lee & Reynolds, 2008; Lee, Scragg, & Turner, 2001). Self-blame often accompanies shame, involving thoughts such as "it is my fault", or "this is all because of me".

Investigation of shame and self-blame in 25 women from clinical and non-clinical populations who had been sexually assaulted as adults, found that shame and self-blame were present to a high level (Vidal & Petrak, 2007). Measures of bodily shame, behavioural shame, and shame directly linked to the sexual assault were rated particularly highly, which the authors suggest relates to increased shame about behaviour such as accepting a lift or a drink, and increased shame about the body after it has been violated so severely. Compounded levels of shame and self-blame were found in victims of multiple rape, who had experienced previous sexual

victimisation, when there were greater physical consequences of the rape and when the assailant was known. Vidal and Petrak's sample included a high proportion of women who had been raped by an acquaintance, which could have biased results since higher levels of shame and self-blame tend to result from knowing the assailant. Nonetheless, the study suggests that shame and self-blame are extremely high in victims of rape, and therefore likely to impact on disclosure.

Shame and self-blame have been linked to PTSD in two clinical models: shame-based PTSD and guilt-based PTSD (Lee et al., 2001). Lee et al. describe "shame-avoidance behaviours" such as lack of eye contact, agitation, and avoidance of talking about the shame-associated event. Lack of eye contact and agitation are examples of behaviours which could be interpreted as signs of lying, and this is something which may be important for professionals in rape services to be aware of. This fits with literature on the evolutionary perspective, which has linked shame behaviours to submissive, defensive behaviours of animals who find themselves in unwanted subordinate positions (Gilbert, 2000), again postures associated with wrong-doing or lying. If these theories are correct and shame is an evolutionarily long-standing emotion, then these behaviours are likely to be extremely common, involuntary reactions to the trauma of rape, and almost definitely will affect disclosure, and the reaction of the confidante.

Shame has been found to be predictive of the development of PTSD (Andrews, Brewin, Rose, & Kirk, 2000). Indeed, at 6 months post-trauma, in a non-clinical population of 157 victims of violent crime, shame was the *only* predictor of PTSD symptoms. This has important implications for how disclosure is handled, suggesting that care should be taken not to shame the victim further and potentially exacerbate symptoms of PTSD. Levels of shame were higher in people who had a

history of childhood abuse, and who reported self-directed anger. This suggests that self-blame may be an important mediating factor in shame-fuelled PTSD, but one which has not been investigated yet.

Whilst there is limited literature on the effect of shame on disclosure of rape specifically, it is known to be a major factor inhibiting the disclosure of other sexually related matters, for example presence of sexually transmitted diseases (Bickford, Barton, & Mandalia, 2007), disclosure of sexually-related information in the context of Home Office interviews (Bogner, Herlihy, & Brewin, 2007), and in the context of therapy (Broucek, 1991; Livingston & Farber, 1996). More specifically, when college students were asked to rank in order of importance a list of barriers to reporting rape and sexual assault, the barrier rated as most important was shame (Sable, Danis, Mauzy, & Gallagher, 2006). Similarly, around 25% of victims surveyed in the British Crime Survey (2005/06) who had been raped but not reported this to the police, gave their reason for this as being that they "didn't want more humiliation" (Povey et al., 2008). These measures are simplistic and the high response rate for these items suggest that more detailed follow-up studies would be worthwhile to expand what people mean by "shame" and "humiliation".

4.3. The effect of other psychological sequelae on disclosure

Other psychological consequences of rape include anger, depression, anxiety, eating disorders and effects on sexual attitudes. It is clear from the range of potential psychological problems that rape is an experience with multiple and often serious psychological effects which are hard to recover from. It can be hypothesised that the effects of such thoughts and feelings will be wide and far-reaching, and include disclosure. There is no research specifically investigating the effects of these

psychological reactions on the disclosure of rape, and this is an area which would benefit from additional research.

5. Barriers to Disclosure 2: The Effect of External Factors on Disclosure

Psychological factors are not the only possible barrier to disclosure. Many factors relating to individual circumstances, characteristics of the rape experienced, and the legal process, can also act as barriers to disclosure.

5.1. Relationship to offender

Rape perpetrated by a stranger is more likely to be reported than rape perpetrated by an acquaintance (Feldman-Summers & Ashworth, 1981; Greenberg & Ruback, 1992; Lizotte, 1985; Williams, 1984). The briefer the relationship between the victim and assailant the more likely the victim is to disclose (Rickert et al., 2005).

A study of rape disclosure in Africa shows similar patterns of disclosure (Muganyizi, Kilewo, & Moshiro, 2004). Muganyizi et al. telephone-interviewed 1004 women in Tanzania between the ages of 12 and 80 years old. Approximately 20% had been raped, slightly higher than rates for the developed world (Linden, 1999), although the sample was also wider in that the authors defined women as over 12 years old, reflecting a cultural difference in when a girl is seen to reach sexual maturity. Over 90% of victims had known the rapist and approximately two thirds of the rapes had occurred within the victim or perpetrator's home. Just over one third of victims had disclosed to other people, and 10% had disclosed to the police. The closer the relationship between perpetrator and victim, the less likely people were to disclose. Most people preferred casual (not legal) disclosure. The majority of people who did not report to legal bodies named avoidance of shame and publicity, or fear

of their guardian as reasons not to disclose. These associations were independent of demographics or whether the victim lived in an urban or a rural area.

This study achieved a large sample by using telephone interviews. Similar research has been carried out in the UK, in the form of the British Crime Survey, but questions were not included about whether the rape had been disclosed. Results from the BCS (2005/6) show that the majority of women and men who experience a serious sexual assault are assaulted by someone that they know: either a partner, friend, family member or other acquaintance. Only 11% of attacks on women and 17% of attacks on men were by someone they did not know at all (Coleman et al., 2007). Future Crime Surveys might benefit from including questions about whether the crime has been reported to the police or disclosed at all, in order to establish current patterns related to victim-suspect relationship in a larger sample. It seems likely that "stranger rapes" are the ones most likely to be reported (Koss, 1985) suggesting that a large number of rapes carried out by people who are known to the victim remain unspoken about.

5.2. Victim-specific factors

Some victim-specific factors affect disclosure. Women who are married and women who are more highly educated are more likely to report a rape (Lizotte, 1985). White victims are more likely to report than African American victims (Rickert et al., 2005). If the rapist was of a different age and social class to the victim then the rape is more likely to be disclosed (Lizotte, 1985), whilst if the attack occurred outdoors and if the attacker is African American in origin reporting is more likely (Greenberg & Ruback, 1992). These factors may relate to social ideas about

what a "normal" rape consists of, with rapes carried out by a stranger who is very different to the victim being easier to fit into this rape narrative.

Gender also plays an important role. Whilst rape of male victims has been a neglected area of research, what research has been carried out suggests that disclosure is more difficult for men, especially gay men, with gay male victims perceived as more responsible for sexual assault perpetrated by a man (Davies, Pollard, & Archer, 2006). Fear of being perceived as homosexual has been highlighted as an important barrier for heterosexual male victims of sexual assault and rape (Sable et al., 2006).

5.3. Event-specific factors

Despite the effect of victim-specific factors described above, Rickert et al. (2005) found that the main differences associated with disclosure are related to the event itself and how the rape occurred, rather than factors about the person who was raped. Particularly important factors were use of alcohol, location of rape and level of violence used. Disclosure of rape and attempted rape was more likely if the aggressor had consumed two or more drinks. Women who had been pressurised into drinking alcohol were also more likely to disclose a rape or attempted rape. Future research in this area would be useful, in particular given recent media controversies over women who have alleged that a rape has occurred when they have been too intoxicated to consent.

Rapes occurring within the attacker's car were less likely to be disclosed, perhaps because this implied that the victim had agreed to sit in the parked car with the perpetrator. This is likely to relate to thoughts of self-blame and feelings of shame discussed earlier.

Level of violence has also been shown to have an effect on likelihood of disclosure (Clay-Warner & Harbin Burt, 2005; Rickert et al., 2005). Rape associated with additional crimes, increased danger including use of weapons (Amir, 1971) and increased physical injury, leads to increased reporting (Lizotte, 1985). Again, this is likely to be related to widely held beliefs about violent rapes "fitting" the stereotypical rape scenario best, and hence probably being easier to report, and arguably less likely to result in perceptions of blame from those who are disclosed to. It implies that there are perhaps larger social costs to reporting a rape which does not involve violence and/or involves a perpetrator who is known to the victim than one which involves violence from a stranger.

5.4. The judicial process

Disclosure to the police involves a lengthy process from report to court. Since the 1970s, international reforms in legislation have attempted to improve rates and experience of reporting rape.

Figures for reporting rape in the US have been as low as in the UK, with estimated reporting of only 10% of rapes (McCahill, Meyer, & Fischer, 1979). Similarly to the UK, several changes have been made to rape legislation in the USA to try to improve this figure. Reforms began in Michigan in 1974 and included redefinition of rape to include oral and anal rape, to include the possibility of rape within a marriage and to introduce a gradation of crimes. Rape-shield laws were also introduced, meaning that lawyers were not allowed to cross-examine the victim on their sexual history.

Evidence eight years post-reform showed no change in the number of rapes reported in Michigan (Marsh, Geist, & Caplan, 1982). National data in 1993 showed

a slight increase in rape reports over other crimes (Bachman & Paternoster, 1993) but no difference was found between states with strong and weak reforms of rape laws (Spohn & Horney, 1992) thus calling into question whether it was the reforms that had any effect or whether it was other, extralegal factors.

Review of rape reporting thirty years post-reform suggest that rape reports increased after rape reform legislation (Clay-Warner & Harbin Burt, 2005). Clay-Warner and Harbin Burt used the U.S. National Violence Against Women Survey (NVAW), a national telephone survey that uses random stratified sampling, and includes questions about both reported and unreported rape. Although it should be noted that this meant that the sample excluded people without telephones, people in group facilities or institutions, and homeless people, it still provided a wide-ranging sample. Researchers excluded people who reported childhood sexual abuse to remove this confounding variable, and where women reported more than one incidence of rape they asked about the most recent. Disclosure was classified as a dichotomous variable: whether the rape had been reported to police or not. Their results showed that rape reports did in fact increase after rape reform legislation. This would suggest that changes in legislation take a long time to filter through into public awareness and affect disclosure to the police.

However, it is impossible to rule out the effect of other changes going on in the socio-political climate at the time of the changes in legislation. Changes in legislation are often reflective of shifts in public attitude, and it could be that more publicly aired feminist discourses changed people's attitude to reporting rape. The lack of an even greater increase in reporting suggests that there are still both personal and social costs to disclosure, and changes in the process that could help to solve this dilemma may still remain to be made.

6. Disclosure: The Reaction of the Confidante

Disclosure of rape and sexual assault is an interaction between two or more people: the discloser and the confidante(s), and the latter's reaction can vary greatly.

6.1. The effect of victim presentation on reaction of the confidante

One important factor affecting confidante reaction is victim presentation (Winkel & Koppelaar, 1991). Winkel and Koppelaar showed a sample of 80 Dutch and Turkish female students videos of an actress talking about a rape scenario as if she were the victim. The participants were grouped into two. Each group watched the same actress tell the same story in one of two different styles of presentation, which have been described in relation to sexual assault disclosure as "highly emotional" or "numbed" (Burgess & Holmstrom, 1974a, 1974b). The "numbed" victim was blamed for the rape more and perceived as less credible. Turkish students were more likely to hold the victim responsible for her rape than Dutch students, and reported that they would be less likely to report a rape themselves, should it occur.

The use of a student sample in this study is limited and not necessarily representative, findings about ethnicity may be biased by the actress being of the same cultural identity as half the sample and a hypothetical question about whether participants would report a rape themselves seems tenuous. However, Winkel & Koppelaar do convincingly demonstrate that in this sample at least, a numbed style of disclosure leads to greater risks of a negative reaction. These findings fit with feminist literature on stereotypes of the "hysterical" rape victim and with the gender-role stereotype of an emotional woman (Brownmiller, 1975; Krulewitz & Payne, 1978). It is also congruent with evidence showing that more emotionally expressive

people are perceived as being more truthful (Riggio, Tucker, & Throckmorton, 1987).

Similar studies have been done with more professional populations. Credibility judgements have been shown to be influenced by the performance of a testimony as well as the content. Whilst in general witnesses are thought less credible if they appear nervous or upset (Bothwell & Jalil, 1992), for rape, more emotional victims are thought more credible (Kaufmann, Drevland, Wessel, Overskeid, & Magnussen, 2003) and less responsible for the rape (Winkel & Koppelaar, 1991).

Surveys of belief about behavioural signs of deception have shown that judges make the same errors as lay people (Ekman & O'Sullivan, 1991; Ekman, O'Sullivan, & Frank, 1999) even though judges are much better educated in law. However, a more recent study, using a sample of Norwegian judges, found otherwise (Wessel, Drevland, Eilertsen, & Magnussen, 2006). Wessel et al. showed 53 judges (10% of the Norwegian population of judges) three different videos (judges watched one video only) of a young actress giving an account of an acquaintance rape where she actively and consistently resisted. Judges were told the video was of a real court statement. Videos portrayed three conditions: (i) congruent, where the actress showed despair and sobbed as she spoke about her rape; (ii) neutral, where she spoke in a matter-of-fact style with little emotion; and (iii) incongruent, where she spoke in a positive style, sometimes relaxed and smiling.

Judges perceived the witness to be credible, with no significant effect of emotion. There was no significant link between emotional expression of the discloser and the rating of guilt or innocence of the perpetrator. This study suggests that judges are less prone to stereotypes than lay people, and suggests that it is worth cases going

to court, no matter what the CPS may think of the victim's demeanour, given that a judge can advise a jury.

One caveat to results obtained from studies such as these are that it seems relatively easy for people to guess the aim of the experiment, and to respond as they feel they ought to, rather than how they would in reality. More concrete evidence could be found by looking at actual responses of judges and lay people to actual trial evidence.

6.2. The effect of event-specific factors on reaction of the confidante

Just as research has shown that event-specific factors can affect whether a disclosure occurs or not, so too they have been shown to affect reactions to disclosure when it does occur. People who report a rape are more likely to be blamed if it does not fit the "classic" rape scenario of a stranger attack, occurring outside and involving physical violence (Skelton & Burkhart, 1980), even though statistics show that stranger rape is much less common that rape by someone who knows the victim, with only approximately 10% of serious sexual assaults being perpetrated by a stranger (Povey et al., 2008).

Disclosure of less serious attacks has been found to elicit more positive reactions (Ullman, 1996). Why is unclear. It could be that people who are disclosing more serious attacks have higher levels of shame and self-blame, and perceive the reactions more negatively, or it could be that they have more symptoms of PTSD and find it harder to give a coherent account, which then in turn is perceived less positively. Alternatively, confidantes may be less able to cope with more horrific accounts of rape, and this may result in them handling the disclosure badly. Further

research asking confidantes about their experiences of disclosure would greatly benefit this field of research.

6.3. Does confidante reaction depend upon who the confidante is?

Ullman (1996) asked a sample of 155 adult American women who had been sexually assaulted about the types of social reaction they had experienced from a variety of support providers. She found that women disclosing to police and medical professionals reported receiving more practical support and information, whilst women disclosing to rape crisis centres reported getting more emotional support. Women who had disclosed to the police or to medical professionals more commonly reported feelings of being blamed, treated differently or discouraged from talking about the assault.

Ahrens et al. (2007) interviewed 102 rape victims about their first post-assault disclosure. Three quarters of this sample made their first disclosure to informal support sources. One third of disclosures were initiated by the support provider as opposed to the woman who had been raped. Over half the women reported receiving positive reactions, and less than a third said they felt the disclosure had adversely affected them. More positive reactions were received from informal than formal sources of support, when those disclosures were initiated by the woman disclosing. In contrast, when a disclosure to a formal support source was prompted by the formal support provider, exclusively positive reactions were received.

The studies of both Ullman (1996) and Ahrens et al. (2007) combine detail with substantial sample size. Their studies show that reaction to disclosure seems affected not only by who is disclosed to, but whether the disclosure was expected and

initiated by the support source or was unexpected and initiated by the person who was raped. Future research might consider the viewpoint of the confidante in a similar level of detail, perhaps pairing confidante and victim and hearing about both perspectives of the experience.

7. What Effect Does Disclosure Have on the Victim?

Whether a disclosure results in a positive or negative effect on the victim is strongly linked to the type of reaction received (Ahrens et al., 2007).

7.1. Negative effects of disclosure

Reactions involving blame, stigma and disbelief have been conceptualised as a form of "secondary victimisation" (Symonds, 1980), an experience which at worst has been likened to a "second rape", with the potential to seriously compromise a victim's ability to cope with the initial assault (Campbell, 1998; Madigan & Gamble, 1991; Martin & Powell, 1994; Williams, 1984). Many victims of sexual assault are viewed with suspicion, their integrity and credibility cast into doubt when they do disclose (Burt, 1980; Cann, Calhoun, Selby, & King, 1981). For example, figures for the UK estimate that one third of people think a woman may be partially or completely responsible for being raped if she has flirted and that 25% think she may be partially to blame if she has been intoxicated or worn revealing clothing (Amnesty International, 2005). Revictimisation in the form of reactions like these has been related to increased psychological symptoms (Campbell & Raja, 1999) and decreased self-report of recovery (Campbell & Raja, 1999; Davis, Brickman, & Baker, 1991; Ullman, 1996).

Negative reactions to disclosure have been associated with increased severity of PTSD symptoms in victims of sexual assault (Ullman & Filipas, 2001). The negative reactions most strongly related to PTSD symptom severity were those that were stigmatising: involving blame and being treated differently. The authors discuss the idea that these reactions may lead the victim to think of the rape as causing a permanent change which makes them less worthy in some way, violating their previously positive assumptions about their self (Janoff-Bulman, 1992). More negative reactions were experienced by people who were from an ethnic minority background, had experienced more severe sexual victimisation, and who had disclosed both to fewer people and to a lesser extent.

This study used a retrospective design, so causation cannot be inferred. It is not possible to say for sure whether negative disclosure leads to increased symptoms or whether something about an increased symptom presentation leads to a more negative reaction to disclosure. Ullman & Filipas did not measure victim attributions of blame, nor include shame in their path analysis. Shame and self-blame could be important mediating factors, given their role in feeling negatively held in the mind of another, and given that social reactions may be perceived as being more negative by the victim if they are suffering large amounts of shame and self-blame.

Negatively received disclosures have been conceptualised as having a "silencing function" (Ahrens, 2006). Ahrens conducted semi-structured interviews with eight women who had disclosed a rape within three days of it occurring, received at least one negative reaction during disclosure, and as a result ceased disclosing altogether for at least nine months. She identified three "routes to silence": negative reactions from professionals which led people to believe that further disclosure would be ineffective, negative reactions from friends and family which

reinforced self-blame, and negative reactions from either professional or non-professional sources which reinforced uncertainty about whether their experience qualified as rape.

Ahrens' qualitative methodology produced rich data, but used a small sample size, and design of a follow-up quantitative measure would enable greater generalisability of the findings. However, it seems clear that negative effects appear to be related to negative reactions of the confidante. No studies as yet have shown negative consequences from receiving positive reactions from confidantes.

7.2. Positive effects of disclosure: disclosure as necessary for recovery

Disclosure has been identified as an important step in recovery from trauma (Dunn, Vail-Smith, & Knight, 1999) and has been associated with improved health outcomes (Kogan, 2004; Pennebaker, 1989).

Pennebaker's definition of disclosure does not necessitate a disclosee. His research concentrates on writing about traumatic events, and feelings about them. Writing about an emotionally stressful experience, for a minimum of 20 minutes a day for 3–5 days, has been found to result in an improvement in health and immune functioning, reduced visits to a doctor and less time off work (Pennebaker, 2002). Results have been replicated in many different cultures and settings, although have often used non-clinical populations (Francis & Pennebaker, 1992).

In 85 undergraduate female victims of rape or attempted rape, the "Pennebaker effect" of reduced dysphoria, social anxiety and PTSD symptoms was found to be dependent on a moderate level of personalisation in the accounts of the trauma that were recorded (Brown & Heimberg, 2001). The more detail present in the accounts the greater the reduction was. Varying the level of factual versus

emotional content of the account made no difference to degree of symptom reduction, nor did reading the account to another person. Brown and Heimberg's study is valuable in that it uses a clinical sample, and suggests this paradigm could be useful for rape victims. They used a one-off writing exercise, and evaluated changes in mood directly and one month after this. A longer-term writing task would be an interesting extension of this experiment, and would be more directly related to the original Pennebaker paradigm.

Research into face-to-face disclosure has found that the more an individual discloses and the more people they tell, the more positive reactions they receive (Ullman, 1996). This finding could be explained by individuals growing more confident with disclosure, or with them receiving more positive reactions simply because the chances are higher of having a positive experience of disclosure if they tell a selection of people. It could also be that as they repeat their story they reprocess events and re-integrate their memory systems, and experience the re-telling as progressively less distressing. For whatever reason, it seems that talking to different people about what has happened is helpful.

Studies of disclosure in the context of group therapy, not only of rape but of other personal events, have shown a positive association between level of disclosure and therapeutic outcome (Freedman & Enright, 1996). Similarly, studies of disclosure within the context of individual therapy show either a positive or non-significant association between disclosure and treatment outcome (Kahn, Achter, & Shambaugh, 2001). It should be noted that type of disclosure is likely to be important, as ruminatory disclosure is likely to be less helpful than disclosure which results in new ways of looking at the traumatic event (Farber, 2006).

7.3. Positive effects of disclosure: disclosure as an aid to adversarial growth

The term "adversarial growth" has been used to describe positive change following adversity (Linley & Joseph, 2004). Linley and Joseph suggest that a struggle with adversarial circumstances or events, such as a sexual trauma, may result in the individual having a higher level of functioning than they had pre-trauma. They review 39 studies which report adversarial growth, and suggest that the phenomenon is promoted by helpful appraisal of the event. Use of problem-focused, accepting, positive reinterpretation of events, as well as optimism, religion, cognitive processing and positive affect is associated with more positive outcomes.

Although appraisal of the event rather than event type seems to be key, they did also note that two studies (Fontana & Rosenheck, 1998; Schnurr, Rosenberg, & Friedman, 1993) reported a curvilinear relationship between adversarial growth and exposure to trauma, with stronger benefits resulting from an intermediate level of exposure as opposed to high or low. Given that rape would be considered a high level of exposure to trauma, this is perhaps a pessimistic finding for rape victims. Nonetheless, the powerful effect of coping strategies and optimistic personality traits may suggest otherwise. The findings of the review seem supportive of cognitive behavioural therapy for trauma victims, as it harnesses many of the factors which seem to promote adversarial growth. Whilst the authors do not specifically cite disclosure as a component of adversarial growth, it seems likely that individuals who are able to re-frame their experiences in this way would do so by talking about them. This review is both comprehensive and clear, and provides robust evidence for the concept of adversarial growth. It suggests potential for future research into how adversarial growth occurs in different contexts, and how potential for adversarial growth can be maximised.

8. Discussion

The body of literature reviewed here is surprisingly small, given the seriousness of the crime of rape and fact that it is a crime which affects so many people. Much of the evidence discussed here looks at the issue of disclosure of rape from a few steps removed, for example investigating psychological effects of rape on psychological wellbeing (e.g. Faravelli et al., 2004) as opposed to looking directly at how psychological factors affect the disclosure of rape. Those studies which do concentrate on disclosure are either correlational (Ullman & Filipas, 2001), or smaller, more in-depth qualitative studies (Ahrens, 2006). Two exceptions are studies by Ahrens (2007) and Ullman (1996) which have larger sample sizes with in-depth qualitative methodologies.

The conclusions that can be drawn from correlational studies are limited because inferences about causality cannot be made, and whilst qualitative studies provide a richer experiential account they again do not allow causative inferences to be drawn. In addition, all of the literature reviewed here uses a cross-sectional design, as opposed to a longitudinal design, again limiting the ability to make causal inferences from the data. Furthermore, most research in this area uses a non-experimental design, in which researchers gather data without making any intervention. This reflects the sensitive nature of the research field and the relative scarcity of literature on which therapeutic interventions might be most helpful to aid recovery from rape and the ability to disclose.

The conclusions of this literature review are thus somewhat exploratory themselves, relying on pragmatic interpretation of data to point to directions for future research. Such research might attempt larger scale studies which involve victim interviews, since most of the large scale studies reported in this review are

conducted using random sampling telephone surveys (Coleman et al., 2007; Muganyizi et al., 2004). An interesting, though difficult, study might be to try to recruit a large enough cohort of people that could be assessed longitudinally, to try to establish what psychological changes a rape can bring about. At present all studies looking at psychological effects of rape have no baseline to compare to, although notably Faravelli et al (2004) include a control group of women who have experienced non-sexual violence, which is important in trying to draw conclusions about the specific effect of rape.

The literature reviewed here is also mostly investigative of disclosure of rape in a general sense, rather than as specifically related to a setting such as psychotherapy, reporting to police, or telling family members. More focussed sampling would provide a more detailed insight into the barriers and incentives to disclose in different settings, but might involve more difficulties in recruitment. Sampling from more "real-life" situations would also be beneficial to the body of research, for example studies on perception of rape victims might try to obtain data which examines public perceptions of actual victims instead of creating vignettes, by examining lay people's reactions to press cuttings about rape, or by examining CPS perceptions on reliability of victims from their initial police interview. Future studies might also try to obtain a more detailed picture of how confidantes experience disclosure, both in formal settings such as therapy and police report and in more informal settings, such as the disclosure of rape of a family member. Pairings of victims and confidantes would be an extremely interesting way of looking at disclosure, but again would be a difficult group to recruit.

The lack of more research in the area of rape disclosure may be due to several factors. The research in this area is still relatively young, as is the acknowledgement

and current definition of the crime of rape itself. Attitudes towards rape have changed hugely in the last century, for example in regards to whether rape can occur within a marriage. These changes have made discourse about rape more possible and have made the subject more easily researchable, but social ideas about rape are still controversial. This controversy may be off-putting for researchers. Directly researching rape disclosure involves talking to victims of rape, about an experience which is both highly distressing and of a sexual nature, both factors which may make it harder for participant and for a researcher. Recruitment of rape victims may be made much more difficult because of the distress experienced after a rape. In addition, organisations may act "protectively" to shield rape victims from having to talk about their experiences, which can in effect prevent recruitment for studies which are trying to better understand the victim experience (Ullman & Filipas, 2001). These potential barriers to research are discussed further in the Critical Appraisal of this thesis, but include barriers to recruitment of victims of rape which may limit sample sizes of studies into this population, and which are important to bear in mind in the evaluation of the research outlined in this review. Such barriers may be difficult or even impossible to overcome, and smaller sample sizes may lead to research using less direct target populations or more inclusive sampling criteria.

The review of Linley and Joseph (2004), of what works for rape victims, highlights a further avenue for future research. Their review suggests that research in this area might draw on therapeutic theories. In particular it would be valuable to compare outcomes for different types of therapy for post-trauma reactions to rape. It might also might be interesting to draw on systemic and especially narrative ideas of how a story can be re-told (e.g. Morgan, 2000) in order to investigate if there are ways of talking about a rape which can be particularly helpful for a victim.

9. Conclusion

Most people who have been raped do not tell anyone, and it is likely that psychological reactions to trauma considerably contribute to this silence. The potential consequences of psychological reactions to rape on the disclosure of the crime is an under-researched area and would benefit greatly from more research. Existing literature reviewed here suggests that rape victims who do disclose prefer non-formal disclosure and that reactions to a disclosure of rape are mixed, with positive reactions more likely if both the rape and the victim fit stereotypes of rape myths, i.e. a violent, stranger attack on a victim who presents during disclosure as emotionally labile, frightened and upset. Whilst positive reactions to disclosure can lead to recovery and even adversarial growth, negative responses can exacerbate the detrimental psychological response to trauma. It seems likely that signs of the psychological reactions to trauma are misinterpreted by many recipients of disclosure, both lay and professional, as signs of coldness or dishonesty, thus leading to negative experiences of disclosure in many contexts, including the police setting.

This review indicates the importance of public education about rape, so that negative reactions to disclosure are decreased and disclosure encouraged. This is particularly relevant for professionals working in fields where rape is likely to be disclosed, but also important in terms of public discourse on rape. Rape stereotypes of the stranger rape and the violent rape still persist, and the tone of some recent newspaper articles on rapes related to "binge drinking" retain the tone of secondary victimisation discussed by feminist literature in the 1970s.

If negative reactions in professional settings are resulting from a lack of understanding of psychological symptoms, then it is likely that this misunderstanding

is a factor in attrition in rape cases, leading victims to feel disbelieved and blamed. There is no research that directly investigates this, and this would be an area which would benefit from attention, alongside other more specific investigation with larger sample sizes, of the effect that psychological consequences of rape have on disclosure.

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Part 2: Empirical Paper

The Role of Shame, Self-blame and PTSD in Attrition of Rape Cases: Victim and Police Perspectives

Abstract

Three linked studies investigated victim and police perspectives on the initial interview a rape victim undergoes when they report a rape to the police, with a view to better understanding disclosure of rape and subsequent attrition in rape cases. Study 1 employed a quantitative methodology, examining levels of PTSD, shame, self-blame, perceived police empathy and likelihood to go to court in a sample population of rape victims. Victims of rape were found to have high levels of shame, self-blame and PTSD. Levels of shame and PTSD severity were associated with a perception of the police as less empathic during interview. Less empathic perceptions of police were associated with a lesser likelihood of taking the case to court. Studies 2 and 3 used qualitative interview methods and a quantitative follow-up on-line questionnaire, respectively, to investigate the perspective of specialist police officers who interview victims of rape. Studies 2 and 3 revealed that police interpreted behaviours associated with shame and PTSD as signs of unreliability of victim account. It seems likely that the association seen between PTSD, shame, and the perceived empathy of the officer, is due to shame behaviours and PTSD symptoms being misinterpreted as signs of lying or signs of mental health issues, leading the officer to treat the victim differently. Given the negative association between lack of perceived empathy and likelihood of going to court, officer perceptions of victims may be a key area to influence in order to tackle high rates of attrition in rape cases. Further training of police officers in psychological consequences of rape, and further support for officers in dealing with the emotional impact of their work, are recommended.

INTRODUCTION

Rape is a trauma which can result in serious and adverse psychological consequences including anxiety, depression, shame, self-blame and Post Traumatic Stress Disorder (PTSD) (Faravelli, Giugni, Salvatori, & Ricca, 2004). Current estimates of how many people in the UK have been either raped or victims of attempted rape vary, with the highest figure at 25% (Painter, 1991), although results from the British Crime Survey (BCS) (2005/6)[1] found that 5.7% of women and 0.6% of men said they had experienced a rape or attempted rape after the age of 16 (Coleman, Jansson, Kaiza, & Reed, 2007).

A high proportion of people who are raped never report the crime to the police. Findings from the BCS (2001) suggest that less than two-thirds of victims tell anyone at all about their rape, and only 15% of rapes come to police attention (Office for Criminal Justice Reform, 2006).

Of those cases that are reported to the police, only 6% result in a conviction (Office for Criminal Justice Reform, 2006). This low prosecution rate is in part due to unsuccessful court cases, with, for example, only 28% of cases that went to court in 2004 resulting in a conviction. However, the greatest contributory factor to the low rate of conviction is the high rate of attrition *before* trial. Many individuals who initially report being raped, decide, or are encouraged, not to take further action (Office for Criminal Justice Reform, 2006). In some cases the Crown Prosecution Service (CPS) advises the victim not to take the case to court, due to lack of evidence or an inability of the victim to give a coherent, consistent account of the rape (Office for Criminal Justice Reform, 2006). However, between one-half and two-thirds of individuals who have reported rape discontinue with the process of prosecution early

[1] British Crime Survey statistics are quoted from several different years in this paper, since slightly older versions of the BCS have reported more complete analyses due to the extra time available to analyse the dataset. The most up-to-date BCS has been used whenever possible.

on in proceedings, before referral to a prosecutor (Kelly, Lovett, & Regan, 2005). Reasons for this include "not being believed" and "fear of going through the criminal justice process". These have been highlighted as key factors contributing to withdrawal or refusal to continue with criminal proceedings (Office for Criminal Justice Reform, 2006).

It has been suggested that the psychological consequences of rape impact upon an individual's decision to initially report the rape, and their subsequent decision of whether or not to attempt to take the rape case to court. Research into disclosure in therapeutic settings has shown that people are less likely to disclose information if it is of a sexual nature (Norton, Feldman, & Tafoya, 1974; Orlinsky & Howard, 1975; Yalom, 1985) if it involves painful or traumatic events, or themes of violence or abuse (Larson & Chastain, 1990; Norton et al., 1974; Weiner & Schuman, 1984). Kelly et al. (2005) conceptualise rape as a psychological as well as a physical violation, and suggest that disclosure of rape to the police is more likely to result in re-victimisation than disclosure of any other crime. However, exactly how the psychological consequences of rape impact on disclosure to police and attrition from the court process remains uninvestigated.

Previous research has shown that disclosure of rape is more positively perceived by both professionals (Kaufmann, Drevland, Wessel, Overskeid, & Magnussen, 2003) and lay people (Winkel & Koppelaar, 1991) if the victim reports in an emotional fashion, seeming nervous or upset, as opposed to a cold or "numbed" presentation (Burgess & Holmstrom, 1974a, 1974b).

Rape is associated with a lifetime PTSD prevalence of 57% (Kilpatrick, Saunders, Veronen, Best, & Von, 1987), higher than PTSD rates after most other traumas, such as earthquakes, road traffic accidents, or personal attack (Breslau,

Davis, Andreski, & Peterson, 1991; Kilpatrick et al., 1989; Norris, 1992). PTSD is characterised by flashbacks, avoidance and hyperarousal, as well as a lack of memory for detail of the traumatic event, associated emotions such as shame, anger and fear, or sometimes a marked lack of affect (American Psychiatric Association, 1994). Bogner, Herlihy and Brewin (2007) found that asylum seekers who reported finding it more difficult to disclose in a Home Office interview also scored higher on measures of PTSD. There has been no similar research into an association between PTSD symptoms on experience of police interview in rape victims.

It is hypothesised that experiencing PTSD symptoms is likely to have a negative effect on a victim's experience of the police interview and discourage the individual from taking their case further. Symptoms of PTSD are likely to make disclosure a more unpleasant experience and, may also affect the ability to disclose, or the manner of disclosing, if the victim is experiencing flashbacks or emotional numbness at the time of interview. This could potentially affect police perception of the victim during the interview.

Several potentially distressing emotions have been associated with PTSD, including fear, helplessness, anger, sadness, guilt and shame (Grey, Young, & Holmes, 2002; Lee, Scragg, & Turner, 2001). Shame has specifically been shown to be present in individuals who had been raped, to beyond one year after the rape had occurred (Cohen & Roth, 1987; Resick, 1993). Shame is the "inner experience of self as an unattractive social agent, under pressure to limit possible danger to self via escape or appeasement" (Gilbert, 1998). Shame has been highlighted as an affect with particularly disabling consequences (Lee et al., 2001) including negative effect on help-seeking (Andrews, 1995; Gilbert, 1998). Bogner et al. (2007) showed that refugees and asylum seekers find it more difficult to disclose sexual violence than

non-sexual violence in home office interviews and that shame appears to play a role in this difficulty. Shame has been linked to "shame-avoidance behaviours" (Lee et al., 2001) such as lack of eye contact, agitation, and avoidance of talking about the shame-associated event. These same behaviours are also associated with lying (Akehurst, Kohnken, Vrij, & Bull, 1996), and may affect police perception of a disclosure of rape during a police interview. There has been no research into an association between shame and experience of police interview in rape victims, despite the fact that it may impact on perceived witness credibility and the likelihood of the case being referred to court.

An important cognition associated with shame is that of self-blame. Self-blame has been linked to decreased disclosure in victims of acquaintance rape (Finkelson & Oswalt, 1995). Finkelson and Oswalt gave anonymous questionnaires to female college students in the USA and found that whilst 5% of the sample said they had been date-raped, none had reported this due to feelings of "self-blame and embarrassment". Yet the role of self-blame in disclosure of rape has been scarcely researched.

Research Aims

Attrition of rape cases is an area with little psychological research, and the key question of why there is such a high rate of attrition in rape cases remains unanswered. In the light of the psychological literature available, this paper investigates the putative role of the psychological factors of PTSD, shame and self-blame, with the aim of examining whether these factors impact on the victim experience of disclosure to the police, and the likelihood of them taking their case to court.

It is hypothesised that psychological effects of rape, namely symptoms of PTSD, associated affect of shame and thoughts of self-blame, will negatively impact on the likelihood of rape victims taking their case to court. It is hypothesised that factors such as PTSD symptoms, shame and self-blame will make the victim perceive the police interviewer as more blaming and less empathic, thus discouraging them from continuing with the legal process. In addition, PTSD symptoms, shame and self-blaming thoughts may make the interviewee more difficult for the police to interview, more difficult to empathise with and perhaps even perceived as less reliable, which could in turn affect how the police interact with the victim.

Since the hypothesised negative effect of PTSD symptoms, shame and self-blame on disclosure during the police interview involve both victim and police interviewer, this paper reports on three linked studies exploring both the victim and police experience of the process of disclosure to police. Study 1 investigates the victim's perspective of the police interview, their likelihood to go to court, and the psychological reactions to rape that they have experienced. Studies 2 and 3 explore the police view of the large rate of attrition in rape cases, and what affects their views of victim believability.

STUDY 1: VICTIM PERSPECTIVE

In Study 1, people who had reported a rape to the police in the last eighteen months completed standardised questionnaires and a question designed for the study to establish levels of shame, self-blame, PTSD symptoms, their perception of police empathy and their likelihood of going to court. The main hypotheses were that increased levels of PTSD symptoms, shame and self-blame would be associated with decreased likelihood to take the case to court. A further hypothesis was that this

association would be mediated by decreased perception of police empathy during the police interview. Study 1 comprised part of a joint project, in conjunction with Hardy (2008), who investigated the role of trauma memory and PTSD in sexual assault case attrition (see Appendix 1 for description of researcher contributions).

Method

Settings

Participants were recruited by two methods. Seven were recruited from and interviewed at a sexual assault referral centre (SARC) run by the NHS and the police. This service comprises a multi-disciplinary team of nurses, doctors, counsellor/health advisor, manager, administrative staff and a clinical psychologist. Approximately 70–80% of people visiting the SARC for the first time have been raped in the last 24 hours. During their first visit they are given tests for sexually transmitted diseases, and invited to return approximately two weeks later to receive test results.

In addition, 13 participants were recruited using an online version of the questionnaire pack, advertised at the SARC and on internet sites. As these participants took part anonymously there is no available information on the setting in which they participated.

Participants

The inclusion criteria were adult women and men (over 18), who at the time of participation had been raped within the last eighteen months and had reported their rape to the UK police. All people who presented to the SARC within 24 hours of being raped and who spoke English fluently were eligible.

Twenty-two people took part, seven face-to-face and 15 using the internet-based study. The low recruitment rate was due to institutional problems, discussed in Part 3 of the thesis. Average age was 29 years (range 19 to 47). Sixteen participants were white, three were black, three were Asian. Most were female (21), with the exception of one male. Fifteen participants were single, four were cohabiting with a partner, two were married and one divorced. Participants were mostly employed: ten full-time, four part-time, five were students and three were unemployed.

Recruitment

Prospective participants for face-to-face participation at the SARC were informed about the study during their second visit, by the SARC's health advisor, who gave them copies of the participant information sheet (Appendix 2) and consent form (Appendix 3) and asked them if they would be prepared for a researcher to contact them. The participant name and number was then passed on to the researchers, who contacted the potential participants by telephone to talk through the study and answer any questions. A meeting was then arranged at which informed consent was taken and the interview was carried out. Of eight participants whose name was taken by the health adviser, one refused to take part.

Recruitment of the internet-based participants was achieved by advertisement of the study on internet forums such as Gumtree, Facebook and Myspace, as well as through clinical psychologists working at two urban SARCs and two Traumatic Stress specialist services in urban and rural areas of the UK, who told clients about the study and displayed posters. Posters were also placed in student libraries and informal meeting areas of London universities.

Ethical Approval

The study was approved by the London–Surrey Borders Research Ethics Committee and University College London (Appendix 4). Careful consideration was given to minimise any potential participant distress, and to deal with distress appropriately if it occurred.

Measures

Participant demographic information was collected from patient files at the SARC for the face-to-face participants, and was collected online by including direct questions about demographic information in the internet study.

The *Post-Traumatic Diagnostic Scale* (PDS, see Appendix 5) of Foa, Cashman, Jaycox, & Perry (1997) was used to assess PTSD symptoms. The PDS is comprised of 17 items, corresponding to the PTSD symptoms in DSM-IV (e.g. "Feeling distant or cut off from people around you"). Items are rated according to the extent to which respondents are bothered by each symptom on a 4 point scale from 0 ("never") to 3 ("5 times per week or more/very severe/nearly always"). Ratings are summed to obtain a measure of symptom severity. Diagnostic status is ascertained by assessing whether the minimum number of symptoms is present for each symptom cluster as required by DSM-IV. The PDS is a reliable and valid measure of PTSD symptoms and severity (Foa et al., 1997) and the only questionnaire measure of PTSD which assesses all PTSD criteria, including functional impairment (Elhai, Gray, Kashdan, & Franklin, 2005).

The *Internalised Shame Scale* (ISS, see Appendix 6) of Cook (1987) was used to measure internalised shame and the negative response patterns that result from it. The ISS consists of 30 self-rated items reflecting feelings of inferiority,

worthlessness, inadequacy, and alienation e.g. "Sometimes I feel no bigger than a pea". Items are rated on a five point Likert scale relating to how often the item described is experienced, ranging from 0 ("Never") to 4 ("Almost always"). The ISS has been assessed as both reliable and valid, in clinical and non-clinical populations. (Rybak & Brown, 1996).

The *Others as Shamers Scale* (OAS, see Appendix 7) of Goss, Gilbert, & Allan (1994) was used to assess externalised shame, i.e. the degree to which respondents think that other people perceive them as lesser or subordinate. The OAS consists of eighteen items, e.g. "Other people put me down a lot". Items are rated on a five point Likert scale relating to how frequently the participant feels or experiences what is described in the item, from 0 ("Never") to 4 ("Almost always"). The OAS has high internal consistency (Allan, Gilbert, & Goss, 1994).

An *event-related shame item* from Andrews, Brewin, Rose, & Kirk (2000) was used to measure shame relating to the rape. This single item was "Do you feel ashamed about any aspect of the crime or your reactions to it?" The response was measured on a 4-point scale (4 = marked, 3 = moderate, 2 = some, 1 = little or none). This question has been used reliably in a study relating to shame and PTSD (Andrews et al., 2000).

The Self-blame subscale of the *Post-traumatic Cognitions Inventory* (PTCI, see Appendix 8) of Foa, Ehlers, Clark, Tolin, & Orsillo (1999) was used to assess self-blame. It consists of items relating to self-blame (e.g. "The event happened because of the way I acted") which are rated on a seven point Likert scale, from 1 = totally disagree, to 7 = totally agree. The PTCI was developed to assess cognitions regarding the self and the world in trauma survivors. The self-blame subscale has strong internal consistency and test-retest reliability. (Foa et al., 1999).

A modified version of the Empathic Understanding subscale from the *Barrett-Lennard Relationship Inventory* (BLRI, see Appendix 9) of Barrett-Lennard (1978) was used to assess perceived empathy of the police interviewer. The BLRI was developed to measure therapist empathy in counselling and therapy and the original subscale consists of 16 statements about the perceived empathy of the therapist, for example "He realises what I mean even if I have difficulty in saying it". For this study, participants were asked to assess their police interviewer using eight of these statements, selected for their applicability to the police interview situation. E.g. "They wanted to understand how I saw things". Items were rated on a six point Likert scale ranging from 0 ("Strongly untrue for me") to 5 ("strongly true for me"). The original subscale is a valid measure of relationship attributes (Cramer, 1986).

Likelihood of taking the case further was assessed by a question designed for this study: "How likely is it that you will take the rape case to court?", which was rated on a six point Likert scale from 0 ("I will not take it further") to 5 ("I will definitely take it further").

Procedure

Participants who took part face-to-face were interviewed by one of two researchers, both trainee clinical psychologists. Interviews lasted approximately one hour and were conducted in a clinical interview room at the SARC. All participants were interviewed at least one month after their first appointment at the SARC. This ensured that at the time of the research interview participants' experience of their police interview was reasonably recent, and that they were interviewed at least one month after the trauma of rape, so that presence or absence of PTSD could be assessed, the diagnosis of which can only be made one month post-trauma. The

interview consisted of participants being asked to fill in the measures described above and additional measures which were completed for the study by Hardy et al., (2008). Instructions for each questionnaire were read out by the researcher to ensure comprehension. Interviews were recorded using a tape recorder or a digital voice recorder. Separate consent for recording was obtained from the participant.

Participants who took part online did so anonymously. To take part they first had to tick the consent form. Online participation took approximately 40 minutes (as assessed by researchers completing the test materials as a trial run). Participants were given the opportunity to contact researchers to ask for results to be sent to them after the study had been written up, or if any distress was caused. Details of support organisations to contact were provided online.

Power Analysis

Power analysis established that for correlational analysis of five variables, 42 participants would be needed in order to find a large effect size (Cohen, 1992). Unfortunately recruitment yielded only 22, so the following analysis was done without optimum power.

Results

The three shame measures were positively correlated. The ISS and OAS correlated strongly ($r = 0.80$, $p < 0.001$), as did the OAS and the event-specific shame measure ($r = 0.42$, $p = 0.052$). The correlation between ISS and event-specific shame did not reach significance ($r = 0.22$, $p = 0.317$). The three measures were summed to give a total shame measure.

Table 1. Comparison of face-to-face and online sub-samples

	Face-to-face (n = 7)		Internet (n =15)			
	Mean	***Sd***	**Mean**	***sd***	***t* (20)**	***p***
Age	25.00	3.32	30.53	7.95	1.75	0.04*
Self-blame	12.14	2.67	19.40	8.82	2.11	0.00**
Total shame	99.57	26.11	121.93	39.29	1.36	0.22
PTSD severity	33.14	8.34	38.47	6.20	1.68	0.35
Perceived empathy	27.00	11.45	23.93	12.09	0.56	0.75
Likelihood of court	2.86	2.41	3.60	1.84	0.80	0.12

Results from face-to-face interviews were compared with the online sample (Table 1). Descriptive statistics show that the only statistically significant differences were that the internet sample were older and more self-blaming. As for all but one of the variables involved in the hypotheses there were no differences, and given the small sample sizes involved, the datasets were combined.

Participants had high levels of shame and self-blame, and all participants met criteria for diagnosis of PTSD. Variables were normally distributed, as analysed by scores of skewness and kurtosis, so parametric tests were employed to investigate associations between variables (Table 2).

Participants with greater levels of shame also had greater levels of PTSD. Participants who rated police as more empathic were more likely to proceed to court,

as predicted. Participants who had higher levels of shame and more severe PTSD rated police as less empathic, again supporting initial hypotheses.

In addition, whilst not significant, there were trends towards a negative correlation between self-blame and perceived empathy of police and a positive correlation between self-blame and PTSD severity and between self-blame and shame.

Although all variables met criteria for normality in terms of skew and kurtosis, on inspection the variable of likelihood of taking the case to court had a bimodal distribution, with seven of the participants scoring zero or one (unlikely to go to court), none scoring two or three, and fifteen participants scoring four or five (likely to go to court). Thus in addition to correlations presented above, a *t*-test was used to compare the two groups of those likely and unlikely to go to court (Table 3). Participants scoring less than 2.5 and above 2.5 on the question "how likely is it you will take your case to court?" (rated from one to five) were compared on measures of shame, self-blame, PTSD severity and perceived police empathy. The only variable which was significantly different between the two groups was perceived empathy, as shown in Table 3.

Table 2. Pearson correlations between measures of shame, self-blame, PTSD, perceived empathy of police officer during interview and likelihood of victim proceeding to court

	Self-blame	PTSD severity	Perceived empathy of the police	Likelihood of proceeding to court
Total shame	0.35	0.57**	− 0.53*	− 0.15
	(p = 0.113)	(p = 0.006)	(p = 0.011)	(p = 0.519)
Self-blame		0.32	− 0.36	− 0.12
		(p = 0.148)	(p = 0.105)	(p = 0.590)
PTSD severity			− 0.43*	− 0.05
			(p = 0.045)	(p = 0.837)
Perceived empathy of police				0.56**
				(p = 0.007)

Table 3. Comparison of participants more and less likely to go to court

	More likely (n = 15)		Less likely (n = 7)			
	Mean	*sd*	Mean	*sd*	t (20)	p
Total shame	114.20	34.62	116.14	43.38	0.11	0.91
Self-blame	16.40	7.91	18.57	9.00	0.58	0.57
PTSD severity	36.60	7.74	37.14	6.47	0.16	0.87
Perceived empathy	28.67	9.72	16.86	12.17	2.45	0.02*

Discussion

Initial hypotheses that PTSD, shame and self-blame would be negatively associated with victim perception of police empathy during interview were supported. Both PTSD severity and shame were negatively associated with perceived

empathy, and self-blame showed a non-significant trend towards a similar negative association with perceived empathy. The hypothesis that PTSD, shame and self-blame would be negatively associated with likelihood to go to court was not directly supported, but the hypothesised association between perceived police empathy and likelihood to go to court was.

These results are correlational, so cannot be used to infer causation. There are several different possible explanations for the correlation of psychological factors with perceived empathy. The psychological symptoms may impact on how empathic police officers actually are, which would suggest that victims with greater levels of shame and PTSD present in such a way which makes empathic police responses less likely. Or, causation could occur in the other direction, meaning that officers who treat victims less empathically could be exacerbating symptoms of PTSD and levels of shame and self-blame. This relationship could also be bi-directional, with psychological factors negatively impacting on police treatment, but perhaps particularly in officers with a tendency towards less empathic responses. Alternatively, psychological factors may impact on the victim *perception* of how empathic an officer is, but not the reality, in that victims may be experiencing such high levels of shame and PTSD symptoms that they would perceive any interviewer as less empathic. Given that the experience of shame involves believing that you are perceived negatively in the mind of another (Gilbert, 1998), it would be reasonable to hypothesise that a function of shame during police interview would be to make the victim feel less well-perceived.

The predicted positive correlation between perceived empathy of the police during interview and likelihood of the victim to go to court can also not be interpreted causally. It could be that more empathic police officers encourage a

victim to go to court, or it could be that victims who are more determined to go to court somehow elicit a more empathic response from police. This might be due to extraneous variables, for example, type of rape or evidence available, which might mean that the victim has a more obvious case and is therefore more likely both to go to court and to be believed and empathised with. Whichever of these explanations is the case, the results show that perceived empathy varies considerably, and seems strongly linked to likelihood of going to court. This suggests that improving perceived empathy of the police at interview might be one way of attempting to tackle attrition in rape cases, and further implies that the police interview is a crucial stage in proceedings, during which officer behaviour might impact significantly on attrition rate.

No direct significant associations were found between measures of the psychological consequences of rape and likelihood to go to court. However, their impact on likelihood to go to court may be through their impact on perceived empathy of the police officer, which is significantly associated with both shame and PTSD severity. The extent to which the different psychological variables of PTSD severity and shame impact on perceived empathy could be established more fully with a larger sample size, which would enable a hierarchical regression analysis. A larger sample size would also enable the role of depression and anxiety to be examined.

These results fit with previous literature linking PTSD and shame (Harman & Lee, 2008; Lee & Reynolds, 2008; Lee et al., 2001). They also support research which suggests that psychological factors play a large part in victim drop-out (Kelly et al., 2005) and that this could be due to misinterpretation of trauma reactions such as PTSD symptoms and shame-behaviours as signs of lying (Akehurst et al., 1996;

Kaufmann et al., 2003; Winkel & Koppelaar, 1991), which in turn could result in officers being less empathic. Results could be used to interpret previous findings that disclosures of more serious attacks have been found to elicit less positive reactions than less serious attacks (Ullman, 1996). In the light of this study's findings, this could be due to increased levels of PTSD and shame in victims of more severe attacks.

In addition to supporting previous literature in the field, this study shows an association between two variables which have been explored like this for the first time: perceived empathy and likelihood of taking the case to court. Participants in this sample seem to be in two groups: those more and less likely to go to court, and the only factor which is significantly different between these groups is perceived empathy of the police. This highlights the potential importance of police empathy in discouraging attrition in rape cases. Further research is clearly needed to establish whether this link is causal, or due to other factors. Particularly interesting variables to investigate with a larger sample size might be the effect of the type of rape that was reported, and the effect of additional psychological variables (e.g. anxiety, depression).

Limitations of this study involve its small sample size and potential bias in sampling. Participants were recruited from an NHS-police liaison service, and probably as a result are more likely than usual to have taken their case forward. Nonetheless there is a balance of victims who were both happy and unhappy with police treatment. The sample was also much smaller than planned, due to challenges in recruitment (described in Part 3 of the thesis). This limited the statistical analyses which could be applied and meant that power was compromised. In addition, the sample consists of a mix of participants who took part face-to-face, and online.

However, analysis of the results of these two groups showed only two variables had significant differences between them, and research suggests that there is no significant difference between responses given online and responses given in person (Caro, Caro, Caro, Wouters, & Juniper, 2001; Judy, Corry, Attewell, & Smithson, 2001; VanDenKerkhof, Goldstein, Blaine, & Rimmer, 2005).

Other limitations were due to the nature of the research. It was impossible to assess victims' pre-rape levels of shame, thus we cannot conclude that the high levels of shame reported are as a direct consequence of rape. In addition, we were unable to approach individuals before the police interview, so there was no way of measuring directly whether there was an effect of the police interview on shame, PTSD symptoms and likelihood to take the case to court. It is unlikely that it would be ethically acceptable to approach someone pre-disclosure to the police to take part in a research study, so this limitation is hard to overcome. Furthermore, we cannot rule out the possibility that shame, self-blame and PTSD seen were not rape-specific, but were applicable to any trauma or experience of violent crime. Using two control samples, for example of victims of other violent crimes and of non-victims, would overcome this limitation.

Finally, in relation to the measures used, whilst measures of shame were comprehensive, positive correlations between the three questionnaires suggest that the constructs of internal and external shame need not have been considered separately. The measure of likelihood of proceeding to court was a Likert scale created for this study. Initially it was hoped that police data might be accessed post-data collection to see exactly what had happened to each case at a later time point, but the need to move the study to an electronic format and preserve total anonymity of participants (discussed in Part 3 of the thesis) made this an impossibility. As a

result the measure of likelihood to go to court is subjective and unvalidated, although it has high face validity. In addition, only victim perception of police empathy has been accessed. Future research might attempt to obtain permission to access the footage of the digitally filmed interview. This would enable a researcher to watch the recorded interview, code victim and police behaviour, and rate an objective score of police empathy to see if objectively measured empathy affects shame, self-blame, PTSD and likelihood to go to court in a similar way.

The central finding of Study 1 is that, from the victim perspective, perceived empathy of the officer is crucial in encouraging victims to proceed to court, and shame and PTSD symptoms are associated with victims perceiving officers as less empathic. Study 2 explores this association further, from the police perspective.

STUDY 2: QUALITATIVE STUDY OF POLICE PERSPECTIVE

Study 2 investigated the disclosure of rape from the perspective of the specialist officers who carry out the police interview. It was a qualitative study aiming to understand police perspectives of victim presentation and police views on attrition. The aims were to explore how police form opinions about the reliability or unreliability of a victim's account, with a particular focus on how police perceive psychological reactions to rape e.g. symptoms of PTSD, shame behaviours, and self-blaming cognitions. Also, to explore how police dealt with victims of rape in the interview, and what the police perceived as the main factors influencing attrition.

Method

Setting

Participants were recruited from an urban Police Service's sexual assault unit, which specialises in rape and sexual assault cases. Officers worked in seven different urban police stations, and were interviewed in their respective police stations, with the exception of two officers who were interviewed off-site.

Participants

Participants were 12 officers (four men, eight women) working for an urban UK Police Service. They were aged between 26 and 55 (average 32). They had been working as a Sexual Offences Investigative Trained (SOIT) officer for between six months and 12 years, (mean four years). They had carried out between 10 and 400 interviews each, (mean 97). They were mostly white Caucasian (10), with one black, and one Asian officer.

Recruitment

All specialist officers at the urban Police Service (approx. 250) were emailed a brief summary of the study and invited to participate. Officers who contacted the researcher were sent a consent form and participant information sheet to read in advance (Appendix 10), and asked by phone or email contact if they had any additional questions. Fifteen officers responded to the initial email; three decided not to take part.

Ethical Approval

The study was approved by University College London Research Ethics Committee (Appendix 11).

Interview Schedule

The interview schedule (Appendix 12) was designed to capture whether psychological factors impacting on the people reporting rape might affect the officer's perception of the veracity of the victim's statement. In line with qualitative research procedures, the interview protocol was refined as the study progressed.

Analysis

Transcripts were analysed using framework analysis (Ritchie & Spencer, 1994). This approach is a type of thematic analysis, identifying key themes in participants' accounts, but unlike many qualitative methods, a priori issues are integrated into the data analysis. Framework analysis was designed and developed in the context of applied policy research, because of its potential for generating clear, easily understandable, actionable outcomes.

The process of framework analysis involves five stages: familiarisation, identification of a thematic framework, indexing, charting, and finally mapping and interpreting the data (Ritchie & Spencer, 1994). This was carried out by the researcher and audited by her supervisors. Appendix 13 shows the index, Appendix 14 shows an example chart, and Appendix 15 shows an example of a theme which has been mapped and interpreted in relation to the research aims.

Results

Five themes were identified as important in understanding the police perspective on the disclosure of rape and attrition in rape cases. These can be broadly grouped into two domains: disclosure at point of interview and attrition between interview and court (summarised in Table 4). Initially, an additional third domain was identified, relating to officers' experience of their specialist role. Themes from domain three have been either omitted or subsumed into domains one and two, for the purposes of this paper, which concentrates on the role of shame, self-blame and PTSD in the attrition of rape cases, and only includes data on officer experience of the role in so far as this could impact on attrition.

Where quotes are used to illustrate themes, the participant number of the officer quoted is indicated in brackets.

Table 4. Summary of themes for Study 2

Theme	Sub-theme	Cluster
Domain 1: Disclosure at Point of Interview		
1. Factors affecting disclosure	1.1 Police	
	1.2 Process	
	1.3 Rape	
	1.4 External	
	1.5 Individual	
2. Reliability of account	2.1 Description	
	2.2 Affect	
	2.3 Motive	(a) Mad
	2.4 Body language	(b) Bad
	2.5 Individual factors	(c) Real
	2.6 Police instinct	
	2.7 Evidence	
	2.8 Drop-out	
3. Emotional impact on officer	3.1 Positive	
	3.2 Negative	
Domain Two: Attrition Between Interview and Court		
4. CPS refusal	4.1 CPS motive	
	4.2 Witness credibility	
	4.3 Evidence	
5. Victim drop-out	5.1 Victim	
	5.2 Case	
	5.3 Process	
	5.4 External	

Domain One: Interview Process

Themes related to interview process were factors thought to affect disclosure during interview, indicators of victim reliability during interview and emotional impact on interviewing officer.

Factors Affecting Disclosure During Interview

Police spoke about positive and negative influences on disclosure during the interview, relating to (a) police performance, (b) the process of disclosure, (c) the

psychological sequelae of rape, (d) factors specific to the individual and (e) factors related to the external support network and environment of the victim.

(a) Police performance. Aspects thought to make disclosure easier were related to SOIT behaviour before and during the interview. Being honest was thought to be important:

> *"You've got to go in straight and say I'm doing this, we're going to do this, if you don't want to do it tell me" (P8)*

as was building rapport pre-interview:

> *"I should have at least had some contact with her and she knows who I am and that makes it easier then to say oh you know this is what's happened to me" (P11).*

Officers spoke about structuring the interview clearly, taking time and giving breaks if necessary, following guidelines from "Achieving Best Evidence", and taking care to use words which did not suggest that they did not believe the victim.In addition, they spoke of less formal interview methods:

> *"There are other ways of getting information from people without sitting down and asking questions like this, say if it means writing things down or picking up teddy bears or things like that" (P2).*
>
> *"Just recently there was a Muslim girl and she found it difficult to actually say the words, so we got her to draw a picture about what she meant" (P1).*

Officers spoke about checking out inconsistencies clearly during the interview:

> *"Inconsistencies don't equal lies... I would go back, if I were recapping or summarising I would say in baby terms, 'blah... you said earlier that the car was blue and you just said it was red. Can you just think about that?' You can do it as blatantly as that or through asking the question in another way" (P2).*

Three officers had asked victims directly if they were lying:

> *"I had to ask her outright if she was lying the other day. I weren't happy about it" (P1).*

Optimum police-victim interaction was described as involving an empathic, non-judgemental stance, encouraging the victim to disclose in an empowering way:

> *"If it was me... I'd like to know what's going on. I'd like to know that at least this person's pretended to believe me if they don't" (P9).*

Officers spoke about using their personality to facilitate the interview. Officers described themselves as being *"the sort of person people talk to" (P12)* and related this to the way they performed in their job. Some officers emphasised their personality during the interview to help the victim to disclose:

> *"I know I don't come across as how a police officer should be in other people's minds. They're quite surprised...I said 'Look I haven't always been a copper'. And she never forgot what I told her. She knew exactly what I was saying and she would talk to me openly" (P1).*

Others modified their personality to fit in with the victim:

> *"I morph into different people. When they're from the North I speak like that" (P2).*

Police factors thought to impact negatively on the ability to disclose were related to fear of speaking to the police and poor experiences with front office staff:

> *"When victims come to the front counter that's their initial contact; they're terrified, absolutely terrified, whether it's true or not they're still terrified of the situation. And the station officers don't get enough training... The way they deal with them has a massive impact really, because if they get it wrong it makes our job really hard" (P4).*
>
> *"They set the tone, and if they're not very good, if they lack experience or they've got an attitude problem, that makes our job really difficult and people are a lot more introverted and don't respond to our questions... might be they've asked the wrong questions or they've done something bad that's been taken the wrong way, that wasn't badly intended, like touched them" (P8).*

(b) Process of disclosure. Aspects of the process thought to encourage disclosure were resource-based. Some officers spoke about the positive impact of the environment of the soft suite aids:

"We have a comfort suite upstairs; it's like a sofa and phone and TV and soft-furnishings and very private" (P6)

and the resources at the SARCs:

"The [SARCs] are really exceptional. When you get them there you're just like [exhales] we've got them here it's a really good thing" (P8).

Many necessities of the process of formal reporting were perceived as off-putting for victims, for example the length of time spent on interviewing and collecting evidence, and the amount of repetition asked for, which one officer described as *"like going though a rape three times in one day" (P9).*

"A natural reaction is for people to want to forget traumatic incidents and it's crucial that we go through every single element and in great detail. I think that can be quite painful for people to recall memories that they don't really want to" (P2).

(c) Psychological sequelae of rape. Shame, self-blame and avoidance were described as making disclosure more difficult, as were worries about what others would think of them, and worries about the consequences of their report for both themselves and the rapist:

"The trauma of what's happened to them can inhibit what they have to say... there can be embarrassment and there can be shame and feelings of blame and victims perhaps think and even say that they put themselves in a vulnerable situation and feel foolish for having done so" (P2).

In particular the impact of shame on the ability to say words relating to the rape itself was discussed by several officers:

"They get to that point, you know for instance, 'he punched me, he pushed me down on the bed, and he pulled my knickers off and then umm... then he raped me'... the difficulty is getting them to spell out exactly what he's done" (P4).

The emotional impact of the rape was also cited as a positive factor in initiating disclosure, through a need to talk to somebody about what had happened:

"They deal with a whole load of emotions so for them to come and sit there and talk to you about it, when they sit there, it's not initially 'I want you to arrest them I want them in prison'... it's like they need to talk to somebody because they don't know what to do" (P12).

(d) Individual factors. Self-confidence and *"togetherness" (P1)* inherent to the individual were thought to impact positively on disclosure. Lack of confidence was seen as a potentially negative impact:

"If you're quiet and shy then it's more difficult" (P10).

Individual factors such as poor mental health and lack of ability to communicate were cited as difficulties to be overcome in order to disclose.

(e) External factors. Factors related to the support network of the individual and the community they were part of were thought to affect how easy or difficult it was for the victim to disclose:

"Especially in this borough you get a lot of Asian women who... not even just their family, the community... the pressure that's put on them... 'don't shame us, don't shame him, don't do this' you know" (P4).

Overall, more negative influences than positive were described, reflecting the difficult nature of disclosing rape.

Indicators of Reliability

Several factors were identified as indicators of the reliability of a victim's account: description, affect, motive, body language, individual factors, police instinct, evidence and victim drop-out.

The officers described a reliable description during the interview as detailed, physical, with few discrepancies, and described in a way that made the individual seem vulnerable and where the person reporting was at first reluctant to speak and then opened up. "Being upset" was a common feature of "reliable" accounts. Characteristics of an unreliable account were vagueness, lack of detail, lack of memory of the rape, lack of description of the rape in particular and inconsistency. In addition, individual factors about the victim played a role in an officer's assessment of reliability. Whilst officers were aware that they "shouldn't make judgements", they acknowledged it was hard for them not to. In particular, perceived mental health seemed to play a large role in believability, and understanding of mental health needs seemed extremely variable. One officer described the increased vulnerability of mental health patients, whilst another described a victim who had had *"something wrong in the head" (P5).*

The descriptions given by the police officers, although often couched in a preliminary acknowledgement that "everyone is different", fell into three clusters: (a) "real", (b) "mad" and (c) "bad" victims. These clusters emerged strongly from the data through the process of data immersion, thematic identification, indexing and charting that is framework analysis and seemed an important way of conceptualising or "mapping" the officers' perception of rape victims. Thus for this theme sub-themes are described in relation to these three clusters.

(a) "Real" victims. Victims thought to be giving a true account were described as intelligent, well-dressed, emotionally distressed and vulnerable. They wanted to go to court, could describe the rape in detail and they showed congruent emotion:

"She came across as really plausible. I know we shouldn't make judgements but she was really well dressed, very articulate, comes across as very composed and together. Clearly intelligent and educated and comes across as such" (P2).

"She was really scared. She was crying. She wasn't sort of sobbing hysterically she was just quietly... tears were rolling down her face as she described what happened" (P2).

"The way she tells it, the detail, the pain, the physicality... The detail and not the crocodile tears, not the silence, just the relief in telling someone and being able to say in as much detail, like you know he bent me over, he parted me, I was bleeding everywhere, there was blood everywhere... people don't make that kind of thing up" (P8).

(b) "Mad" victims. Victims with mental health issues were described as presenting in a vague and irrational way, with an incongruent affect, often not returning after the initial report:

"We have a lot of like mental health people that say they've been raped... a couple of the victims that I've dealt with have been from ----- [name of psychiatric hospital]..., the mental hospital. They've been searched by doctors and said that they've been raped... and people that have just made crazy things up" (P6).

"Vaguer and more resistant to the questioning... she talks more about the fact that her phone was stolen, and I just think she's nuts to be honest... she just explains it to me as if she's grazed her knee... it was just deadpan, 'that's what he did'" (P7).

"Last week I dealt with two rapes, and both victims were mentally unstable to the point where they've both withdrawn, suggesting to me that they're not telling the truth" (P8).

"Lady who is psychotic. I don't know the technical definition of psychotic, I use it in a colloquial sense. But she believes that her boyfriend has been raping her. And you talk to her and it's absolutely exhausting... she talks about her emotions and how he was beating her down with his words and you can... there's an element of truth... but it's all so irrationally expressed" (P8).

"She's on Ritalin and she's just, she gets into all kinds of trouble all the time, truanting, promiscuity you know. Obviously a very troubled little girl, very depressed which usually goes hand in hand with that sort of behaviour I find"(P4).

(c) "Bad" victims. The third type of description was of people reporting a rape for ulterior motives, which was often associated with a cold, un-emotional and unwilling presentation. These victims were also described as sometimes appearing overtly

sexual or angry: showing emotion incongruent with the distressed presentation of the "real" victim:

> *"There was one girl who was doing it, I think, to get a house. But they're all pissed these people. All alcohol related issues. It's terrible. It's just frustrating coz we have to deal with it as if we're going to go all the way with it... when all you want to do is 'see you later, that's rubbish' Write it off. Instead you have to view CCTV, take statements. Ridiculous. Even when they're bloody lying. It's a pain in the arse" (P6).*
>
> *"There's no emotion expressed, there's no anger... some people are just so... cold" (P7).*
>
> *"With false rape, people tend to, they talk in so much detail about everything else around it, but when it comes to the act itself, they can either only talk about what they know from their own sexual experience, or from what they see on the television... when pressed to talk about anything like penetration... they can't even begin to imagine how to describe it" (P12).*
>
> *"People seem blasé about it and start asking questions like 'when am I going to be re-housed'" (P3).*
>
> *"The ones who are telling lies will give you a brief, brief account and then he raped me and they will not give you no matter how hard you try ... they will not give you any detail" (P4).*

Several officers mentioned an instinct for detecting a reliable account:

> *"A lot of the time it's really easy to tell the difference between someone that's telling the truth and someone that's not. You just get a feeling. I've been doing it for [---] years now and I've kind of... I'm not always right but 99% of the time you can get a bit of a feel for a genuine victim and not... it's just really a gut instinct" (P6).*

Emotional Impact on the Interviewing Officer

Negative and positive emotional consequences of the work were described.

Many officers spoke about positive emotions:

> *"It all makes it worth it when you get the job where you get the life sentence...I got a card from a success story. It really affects you. I was crying in the office" (P4).*

Others said they were unaffected,altho ugh many of these went on to describe situations where they had been emotionally affected by a case:

> *"We get the victims when they're one stage down from conflict and violence, and they recount it. I'm not phased by it at all" (P8).*

Other officers spoke about the negative emotional impact of the work as being rare but hard-hitting:

> *"The really bad ones... I'd say in about 10 years I've dealt with about 20...they stick in your head. You can remember every last detail" (P4).*

An inability to forget the traumatic accounts was a strong theme, and this theme was repeated with regard to evidence:

> *"We had to watch videos of sexual acts. She was dressed up. It was quite graphic, quite a pornographic film. And I wished I hadn't seen it. It was making me feel sick. I couldn't get the image out of my head. And I did feel sorry for this victim, quite a few times. I sort of went home distressed" (P1).*

This fitted with the theme of thinking about cases outside of work hours:

> *"I worry about some of the cases. I wake up in the night wondering if they're safe" (P9).*

One officer saw this as something particular to them:

> *"I don't think anyone else gets distressed about anything" (P1),*

whereas in fact it was a very common theme, as was the impact of this:

> *"I can see when a SOIT is starting to get tired and weary of it, and you know how they're feeling, because some of the victims they just sap every last drop of energy from you you know" (P4).*

Domain Two: Attrition

Themes in this domain related to Crown Prosecution Service refusal, and victim drop-out.

Crown Prosecution Service Refusal

Opinions on Crown Prosecution Service involvement in attrition were mixed: either that it was the *"number one factor without a doubt" (P3)* in attrition, or that it

was not involved at all *"the CPS really do give people the benefit of the doubt" (P7).* Reasons for CPS refusal were attributed to (a) motivation of the CPS, (b) witness credibility and (c) availability of evidence.

(a) Motivation of the CPS. This was a contentious issue. Some officers thought that the CPS provided a really good service, and were lenient about letting cases go to court even if there was the possibility of the case being unsuccessful:

> *"In this region they're really good... they look for reasons to take the case forward rather than reasons not to" (P12).*

One officer thought it was good that the CPS turned some cases away:

> *"The CPS is the gatekeeper... that's a good thing, so that the case doesn't fall apart in court" (P12).*

Others thought the CPS were overly harsh in turning cases away, motivated by a desire only to accept cases which had a good chance of resulting in conviction, since this is the standard that the CPS are judged on:

> *"They have their own agenda... money targets, figures, government. Their target is conviction, ours is charge" (P3).*

Officers acknowledged variability in the service provided:

> *"It's pot luck to be honest, it's who you get on the phone to speak to" (P7)*

as well as bureaucratic errors:

> *"Speaking to the detectives who have daily, daily run-ins with the CPS, losing papers, it's like any organisation, mistakes happen. The admin is just silly. That's where most of the problems with the CPS lie" (P7).*

(b) Witness credibility. Ideas about what made for a credible witness reflected some of the items which officers had given as reasons for believing someone, for example affect in interview:

"You go on the evidence but if you go on the stand we need some tears. We need something to sell this because that's what juries respond to" (P7).

One officer illustrated this point with two examples:

"The victim was dragged off the street at knifepoint and it was a horrific rape over a period of about an hour and a half, they did practically everything to her. In the interview she was very emotional, she broke down, she was crying because she was angry, and she went through this whole kind of channel of emotions in interview. They looked at that and she was a good witness, because she had that anger, she had that emotion.

Similar attack, not as vicious but similar. She was still grabbed but there was no weapon used. She just sat there and said it very factually 'This is what happened'. There was no 'I'm angry', there was no tears, there was no emotion. Her voice didn't rise or go, she didn't look up, she didn't look down, she just sat there. And they said she's not believable. Having watched her on the video I could see what they were saying. But I dealt with her initially, and that was her... you know when it first happened she was very upset, very distressed... I think that was her coping mechanism" (P9).

Other factors related more to rape myth stereotypes, for example promiscuity of victim reflected by the clothes worn by the victim. As a result of this officers sometimes tell victims not to wear a short skirt or low top in their recorded interview:

"Now everything is videoed. They come in and they've got make up on or they've got a short skirt on or a fitted top. And that can make a difference... she doesn't 'look like a victim'. We can't say change what you're wearing, but we tend to meet people over a period of days and we tend to say it might be more suitable... it's going to be videoed so you don't want to be wearing a skirt. We don't want anything catching up with you..." (P9).

(c) Availability of evidence. This was a common theme in CPS refusal, especially where the case involved just one person's word against another:

"DNA has been found everywhere that the suspect says we're going to find DNA, and that agrees with what the victim says. It's just a matter of whether it was consensual or not" (P5).

And especially where alcohol was involved:

"Alcohol! That's the mother! That's what gets you every time. I don't know what the answer to that is..." (P5).

Victim Drop-out

Officers related victim drop-out to (a) victim-specific factors, (b) factors related to the case, (c) factors related to the legal process and (d) external factors.

(a) Victim-specific factors. These related to the victim themselves: their personality, whether they had mental health issues or experienced self-blame, and whether they wanted to go to court or whether they just wanted to forget:

> *"I honestly believe that for some people that report to the police, going to court and getting a conviction is not what they want from the very beginning... I've actually had a victim of a serial rapist say to me 'when the police came I was almost hoping that they wouldn't be sympathetic and nice to me so I could say 'just forget it'. I was actually looking for an excuse not to go ahead'" (P2).*

One officer linked many of these individual factors to the experience of being raped:

> *"It is a stressful situation and the people we deal with are, the majority of them, vulnerable. By nature they are just vulnerable people, they've got sort of broken lives" (P7).*

Victims with mental health issues were seen as particularly vulnerable:

> *"She had a history of mental illness... depression... and she didn't feel strong enough" (P5).*

Although, paradoxically, mental health issues was a factor seen to decrease believability (see above). The possibility that the victim was lying was also discussed:

> *"I've got ten cases at the moment and I'd say six of them are not true, and that's based on fact rather than gut feeling" (P9)*

and acknowledged as an important factor in attrition, but one which isn't mentioned and often not acted upon by the police:

> *"I think that they're still a little unsure of prosecuting malicious allegations because on the front of the newspaper it would probably have 'rape victim prosecuted' and it would stop genuine victims coming forward" (P6).*

(b) Factors related to the case. These involved availability of evidence and nature of the assault. Victims who knew their assailant were thought less likely to go to court, whether because they were more afraid of being disbelieved, or because they felt fear or loyalty to the assailant:

> *"I don't think I've ever had a stranger one assault [stranger rape] where the victim has not wanted to go ahead. Stranger two or your acquaintance or met in a bar a couple of hours before then yes" (P2).*

(c) Factors related to the legal process. These comprised the most reasons for attrition. A lengthy, frightening, badly-perceived court process was described:

> *"A lot of people come in, report it, and the next day, no I'm not going to speak to you, I'm not going to support you, I lied. One of those three things. Because going through it is a hassle, and I'm afraid for figures, to get people to report and prosecute for rape, the main person, the only person you need really is the victim. And I wouldn't do it" (P8).*

The media were described as exacerbating these fears:

> *"People don't know that much about the court system, just see on TV programmes that you stand up in the box and you're called a slag" (P6).*

(d) External factors. The importance of the perception of others and ongoing life stresses was acknowledged. The perception of family, friends and community was thought important:

> *"They don't want to be thought of as 'soiled goods'" (P3).*

This was thought of as relevant across different cultures:

> *"It's a tight, white, community where they're very well established and the families are very close. There's a lot of pressure on her to pull out and that's probably just as big a factor as the evidence itself" (P8).*

Views of family were also important, particularly in domestic rape cases:

> *"A lot of the women, say for instance a married partner, if there's kids in the family then he can virtually get away with killing her. They can get away with anything because she's got this big guilt factor... 'it's my children's dad – how can I do that to them?'" (P4).*

In addition other stresses were seen as important:

> *"I'm talking to her three times a week trying to solve her housing problems, her childcare problems, so that the chances are she'll have more time to concentrate emotionally on the case" (P8).*

Discussion

Officers attributed both barriers to disclosure and the high rate of attrition to a range of factors, both practical and psychological, and acknowledged the possibility that a victim was lying about the rape. Despite officers being sensitive to the ordeal that victims have to go through in reporting, stereotypical perceptions of what made a victim seem reliable were apparent, and suggested that some psychological consequences of trauma were being misconstrued as signs of unreliability. The officers' experience of interviewing traumatised individuals seemed to have a significant adverse effect on the officers themselves.

Factors thought to inhibit victims talking about their rape included several necessities of formal reporting, such as the need for repetition of the account, and the length of the process. Psychological consequences of rape were described as having a negative impact on disclosure, although not necessarily named in psychological terms by the officers. In particular shame, self-blame, and reaction to trauma were described, as was "embarrassment" about using sexual words. Thoughtless treatment by front office staff who were untrained in specialist interviewing was highlighted as potentially damaging.

The main factor thought to encourage disclosure was sensitive police treatment of the victim by specialist officers. Additionally, officers thought

confidant, articulate victims found it easier to disclose and also that emotional reactions to rape could *aid* disclosure by increasing the need to tell someone what had happened.

Curiously, despite these acknowledgements of individual differences, officers' descriptions of reliable and unreliable accounts seemed to cluster into three: real victim accounts which were truthful, "mad" victim accounts which were misguided, and "bad" victim accounts which were due to an ulterior motive. Several officers talked of an instinct for detecting reliability. Crucially, many of the factors described as indicating an unreliable account (both "mad" and "bad") were symptoms of PTSD (e.g. coldness and avoidance of talking about the rape) or behaviours linked to shame (e.g. vagueness around descriptions of the rape itself), supporting research suggesting that these psychological consequences of trauma could be misinterpreted (Akehurst et al., 1996; Kaufmann et al., 2003; Winkel & Koppelaar, 1991) and suggesting that "rape myths" as described in previous literature (Brownmiller, 1975; Krulewitz & Payne, 1978), of a stereotypical rape and rape victim, still persist.

In addition, factors relating to unreliable "mad" victim accounts, cited mental health issues and drug and alcohol use as factors implying unreliability. This contrasts with findings that people with mental health issues and who drink or take drugs are actually at increased vulnerability of rape (Stanko, Osborn, & Paddick, 2005).

Officers were mixed in describing their own reactions to interviewing rape victims, most reporting both positive and negative effects. Negative emotional impact described had the character of secondary trauma responses (Figley, 1995; Hesse, 2004), with re-experiencing symptoms described by several officers. These

sometimes severe reactions were uniformly described as unacknowledged and unsupported in a professional context.

Officers attributed the high attrition rate in rape cases to CPS refusal and victim drop-out. CPS refusal was seen as due to lack of evidence, lack of victim credibility and a difference in motivation for the CPS than for the police, with the CPS judged on successful cases at court, and so potentially more reluctant to allow riskier cases to get to the courtroom. Descriptions of Crown Prosecution Service evaluation of account credibility were extremely similar to factors which officers related to reliability, and the three clusters of "real", "mad" and "bad" attributes. For example, more emotional victims were described as seen as more credible by the CPS, in line with previous literature (Winkel & Koppelaar, 1991). CPS judgement of credibility also involved consideration of the way a victim was dressed, with victims being advised to dress in a way which would help them to appear "real" to the CPS, again in line with ideas of rape myth stereotypes (Brownmiller, 1975; Krulewitz & Payne, 1978). How the victims experienced being asked to change their clothes was not considered, but it seems likely that this could exacerbate levels of shame and self-blame which Study 1 shows are already high.

Two main factors were identified as leading to victim drop-out. Firstly, the nature of the process from report to court, which was described as lengthy, frightening, repetitious and badly portrayed by the media. The length of time taken to go to court was particularly stressed as an important barrier. Secondly, the possibility that the victim was lying about the rape having occurred, which was seen as something which happens but is not often charged because of the risk of putting other real victims off. Three of the twelve officers had asked a victim directly if they were lying. Additionally, officers related victim drop-out to the personality of the

victim, and acknowledged the role of trauma, mental health issues, and external stressors in making it more difficult to go to court.

Results from Study 2 suggest that despite sensitive police treatment of the victim often acting to facilitate disclosure, officers, and perhaps also CPS officials are potentially misinterpreting symptoms of PTSD and shame behaviours as behaviours linked to dishonesty. Three classifications of victim stereotype seem to exist: "real", "mad" and "bad", albeit unwittingly, and further training on mental health issues in general and PTSD and shame in particular, is recommended in order to challenge these stereotypes. Future research could interview CPS professionals directly, to directly investigate their view of victim credibility. Since, as one officer described, the CPS are the "gatekeepers" to the courtroom, this could impact profoundly on cases that are allowed through.

Results also suggest that more support should be provided for the officers themselves, since several accounts highlighted how vulnerable specialist officers are to secondary trauma (Hesse, 2004), that is being traumatised themselves by hearing vivid accounts of another person's traumatic experience. If officers are being traumatised by the material they are exposed to, it is likely that this would affect how they respond to traumatised victims, potentially causing them to react less empathically.

A limitation to this study was that it involved only 12 officers who volunteered for the study, who may represent a biased sample. Study 3 addresses this problem.

STUDY 3: ONLINE FOLLOW-UP POLICE QUESTIONNAIRE

A brief online questionnaire was created to establish the generalisability of Study 2. Its aim was to present a wider sample of officers with some of the findings of Study 2, in particular the reasons thought to impact on disclosure and attrition, and officer views about the emotional impact of the work on themselves, in order to establish how widely held the views represented by officers in Study 2 were.

Method

Participants

Participants were 63 specialist officers (eight men, 55 women) from four UK Police Services, in both urban and rural locations. Officers were aged between 24 and 59 years, (mean 34). They had been working as a SOIT for between two weeks and 17 years, (mean four years). They had interviewed from two victims to 250 victims each (mean 44). Officers were mostly white Caucasian (61), with one black, and one mixed race Asian–White officer responding. Officers who responded mostly described their marital status as cohabiting (27), with 21 officers married, 12 officers single, two officers separated and one divorced. Approximately 25% of officers who were contacted about the study responded.

Ethical Approval

The study was approved by University College London Research Ethics Committee (Appendix 11).

Procedure

All specialist officers from the four stations were emailed inviting them to take part in the brief follow-up online questionnaire. Officers consented and participated online, where a full consent form and information sheet was presented (Appendix 16). The brief follow-up questionnaire consisted of three multi-item questions (Appendix 17), designed to assess the generalisability of the qualitative interview results of Study 2. Items on the questionnaire were generated by taking the factors identified by officers in Study 2 as relating to attrition, reliability, and support available to cope with the emotional impact of the work. Factors relating to each of the main themes identified in Study 2 were used. In relation to attrition, officers in Study 3 were asked to rate how important they thought each of the factors identified by officers in Study 2 as relating to attrition were. In relation to reliability, officers in Study 3 were asked to state whether factors identified in Study 2 as relating to victim reliability showed that the victim was reliable, neither unreliable nor reliable, or unreliable. In relation to support with the specialist role officers in Study 3 were asked to rate whether they wanted more support with the emotional aspects of their work and furthermore asked to rate several potential sources of support that were described in Study 2 on a scale from benefiting them a lot to not at all.

Results

Views on Attrition

Officers agreed with views expressed in Study 2, and rated all factors identified in the qualitative study as important, to varying degrees. Table 5 ranks factors in order of perceived importance. Rankings were obtained by scoring officers' answers (0 = not at all important, 1 = a little bit important, 2 = moderately important, 3 = very

important) and working out the average score for each factor. Thus a maximum score on an item would be 3, and a minimum 0.

Table 5. Officer's views on the importance of factors impacting on rape case attrition

	Mean rating	Rank
Not telling the truth	2.5	1
Wants to forget about the rape	2.4	2
Never wanted to go to court, just wanted to tell someone	2.2	3
Not enough evidence	2.2	4
Scared of known suspect	2.1	5
Frightened of court process	2.1	6
Trauma reactions make it hard	2.1	7
Feel they are not/will not be believed	2.1	8
Victim not credible enough	2.0	9
Feel rape was their fault	2.0	10
Court process too long	1.9	11
No support from friends and family	1.9	12
Put off by media portrayal of court	1.8	13
Protecting known suspect	1.7	14
Worried about others' perceptions	1.7	14
Victim not capable of going to court	1.7	16
Bad experience with the police	1.6	17

Note. For each factor a mean score and rank has been calculated. This was obtained by adding together the number of points ascribed to each factor overall and dividing it by the number of officers. Appendix 18 shows more detailed scorings

Views on Reliability

Whilst several factors identified in Study 2 were seen as unrelated to victim reliability by this sample, significant minorities thought all of the factors were important, and for some factors a majority agreed that they were markers of reliability. Results are presented in full in Table 6, and described below. Table 6 reports the number of officers and percentage of officers rating each factor as a sign

of reliability, as neither a sign of reliability not unreliability, and as a sign of unreliability.

Table 6. Officer views on what makes a victim seem reliable or unreliable during interview

	Suggests reliability		Neither suggests reliability nor unreliability		Suggests unreliability	
	n	%	*n*	%	*n*	%
Victim was drinking or taking drugs	1	1.60	54	85.7	8	12.70
No inconsistencies in their account	36	57.10	20	31.7	7	11.10
Victim upset as they talk about the rape	20	31.80	43	68.3	0	0.00
Victim seems scared	21	33.40	42	66.7	0	0.00
Tense body language	13	20.60	50	79.4	0	0.00
Victim remembers everything	12	19.10	48	76.2	3	4.80
Victim account "rings true"	31	49.20	32	50.8	0	0.00
Victim has memory blanks	6	9.50	55	87.3	2	3.20
Officer gets gut feeling something is not right	5	6.40	25	39.7	33	54.00
Victim seems cold and detached	6	9.50	57	90.5	0	0.00
Victim working in a reputable job	6	9.50	57	90.5	0	0.00
Victim contradicts themselves	4	6.40	23	36.5	36	57.20
Victim looks down as they speak	3	4.80	56	88.9	5	6.30
Victim has an ulterior motive e.g. housing	1	1.60	17	27.4	45	71.00
Victim has past mental health issues	0	0.00	54	85.7	9	14.30
Victim has current mental health issues	0	0.00	52	82.5	11	17.50
Victim avoids talking about the rape	6	9.50	52	82.5	5	7.90
Victim has made several previous allegations	1	1.60	33	52.4	29	46.00
Victim can tell the officer all the details	15	23.80	47	74.6	1	1.60
Victim has a history of one night stands	1	1.60	62	98.4	0	0.00
Victim is well-dressed	2	3.20	61	96.8	0	0.00
Account is full of physical detail	20	31.70	42	66.7	1	1.60
Victim is sober	13	20.70	50	79.4	0	0.00
There is evidence against the account	1	1.60	16	25.4	46	73.00
Victim is vague	1	1.60	43	68.3	19	30.20
Victim finds it hard to make eye contact	1	1.60	57	90.5	5	7.90
Victim goes red	3	4.80	59	93.7	1	1.60
Victim seems nervous	3	4.80	58	92.1	2	3.20
Victim had no previous contact with police	4	6.30	59	93.7	0	0.00
Victim doesn't want to do the interview	1	1.60	47	74.6	15	23.80
Victim reports rape immediately afterwards	26	41.20	37	58.7	0	0.00
Victim seems embarrassed	5	7.90	58	92.1	0	0.00
Victim skirts around the issue	2	3.20	52	82.5	9	14.30

Situational and historical factors

Most officers thought that victims seeming to have an ulterior motive, e.g. housing or custody of children, were less reliable. Just under half of officers thought victims with a history of several previous allegations were less reliable, and that victims who reported the rape directly after the attack were more reliable. No officers thought that a victim having a history of one night stands would make them less reliable, but victims who worked in a reputable job were thought more reliable by nearly 10% of officers. The presence of evidence against what the rape victim said was thought to make the account less reliable by a one-third of officers.

Victims with a history of mental health issues, or known to have current mental health issues were thought less reliable by nearly one-fifth of officers. Drug or alcohol use made nearly 15% of officers think a victim was less reliable, whilst sobriety made one-fifth of officers think a victim was more reliable.

Account of the rape

Vagueness in victim accounts suggested unreliability to nearly one-third of officers. Victims who did not want to do the interview at all were thought less reliable by one-quarter.

Memory was seen to play an important role. A lack of inconsistencies in the victim's account portrayed increased reliability for over one-half of officers, and victims contradicting themselves throughout the account were thought less reliable by most officers. Victims who could remember everything were thought to be more reliable by one-fifth of officers, victims who could recall all the details of the rape were thought more reliable by one-quarter. Physical detail was seen as a sign of even greater reliability by one-third of officers.

Victims who were upset or scared as they described their rape were thought more reliable by one-third of officers. Tense body language indicated reliability to one-fifth. In contrast to Study 2, "cold" presentations did not suggest unreliability and shame-behaviours were seen as signs of unreliability only by a minority.

Officer instinct

About half the officers thought they could tell if a victim's account was reliable because it "rings true", and spot an unreliable account because it gave them "a gut feeling that something is not right".

Views of Support Available to Officers

Similarly to the split of opinions on emotional impact of the work reported in Study 2, officers in Study 3 were split in their opinion of whether they would like more support with this aspect of their job. 41.5% of officers wanted more support with the emotional impact of their work, 20.5% were unsure and 38% did not want more support. Officers rated different sources of support on its usefulness (Appendix 19). They were split in their perception of the use of different strategies, but overall prioritised further training, meetings with other specialist officers, and mandatory check-ins with occupational health.

Discussion

These results support findings from qualitative interviews in Study 2. Factors thought to impact on attrition were highly consistent. Several, though not all, of the factors identified as indicators of victim reliability, were also thought important by a majority of officers, though most were considered important by at least a minority.

These findings suggested that some psychological indicators of trauma are being misconstrued as signs of unreliability, possibly as a result of stereotypes relating to rape myths. Findings on views about emotional impact of the work were highly similar to Study 2, with the split of views on the emotional impact of the role reported in Study 2 being representative of general opinion in this sample, roughly half of officers wanting more support.

Whilst all themes relating to attrition were rated as important by this sample, most important factors were that the victim was not telling the truth, that the victim wanted to forget about the rape, that the victim never wanted to go to court but just wanted to tell someone, and that there was not enough evidence. Least important were that the victim had had a bad experience with the police, that the victim was not capable of going to court, and that the victim was protecting the suspect or was worried about the perceptions of others. Psychological reactions to trauma ranked approximately half-way in perceived importance in attrition. Although most officers rated reactions to trauma as being very important or moderately important, a significant minority thought trauma reactions were only a little bit important, or not at all important. It is notable that one item relating to shame, "worries about the perception of others", was rated as particularly unimportant.

Officer views on their ability to detect victim reliability from indicators during the interview supported several themes in Study 2. The idea that an instinct for the truth was possessed by officers was supported by approximately half this sample, despite a lack of evidence to suggest that "gut instinct" is reliable.

Although the majority of officers responded in a way that suggests they do not read reliability from behavioural signs, nonetheless a significant minority did, with signs that are interpreted as less reliable often being those which could stem

from symptoms of PTSD (e.g. avoidance of the interview, inconsistencies in the account, vagueness of account), and in one instance shame-behaviours (lack of eye contact). In accordance with literature on stereotypical victim presentation (Brownmiller, 1975; Kaufmann et al., 2003; Winkel & Koppelaar, 1991) victims who were more emotional (scared or upset) were seen to be more reliable by a significant minority of officers, although officers did not rate the opposite of this, "cold" or detached victim presentation, as less reliable.

Views on indicators of victim reliability supported the three clusters described in Study 2: "real", "bad" and "mad" victim characteristics. The fact that 10% of officers thought that if a victim had a reputable job they were more reliable, is particularly notable. Although this is a minority view, it has no basis in evidence, and is indicative of a stereotypical idea of a "real" victim which could lead to a negative interpretation of reliability. Most officers agreed that victims with a potential ulterior motive, such as housing needs or an ongoing custody battle, were less reliable, fitting with the idea of the "bad" victim, who lies about a rape in order to meet an unrelated need. A relatively high percentage of officers rated victims with mental health issues and victims who used drugs or alcohol as less reliable, in accordance to a stereotype of a "mad" victim, and in contrast to literature which shows that these populations are at increased risk of rape (Stanko et al., 2005).

Interestingly, officers also thought that victims who report immediately after the rape were more reliable, when in fact it is a common reaction for rape victims to delay reporting the crime (Rickert, Wiemann, & Vaughan, 2005).

Views on support available to officers reflected the mix of views on emotional impact articulated in the qualitative study, with officers split on whether they wanted more support with the emotional aspect of their work or not. The

significant proportion of officers asking for this support suggest that officers are emotionally vulnerable to the traumatic information they deal with routinely, and should be offered further support, since this emotional impact affect the degree of care and empathy they are able to offer the victim.

Officers have identified several preferred sources of support, and it is hoped that feedback to the police services involved may enable this support to be provided. In particular, given some gaps in police knowledge highlighted by these results in relation to victim presentation, PTSD and shame, and given the large majority of officers who want further training, this indicates that more training on psychological consequences of trauma would be both useful and welcome.

A limitation of this study is that it involved a volunteer sample. It is not clear what would motivate someone to complete an online questionnaire on this subject, and so it is hard to draw conclusions about the potential direction of bias, but it is possible that this sample is not representative of the whole police population. Additionally, fewer responses from rural as to urban police services precluded any comparison by area, which a larger scale study might attempt.

GENERAL DISCUSSION AND OVERALL CONCLUSIONS

This paper investigated the role of shame, self-blame and PTSD in the high attrition of rape cases, using three linked methodologies to explore two perspectives on the experience of police interview.

All but one of the hypotheses of Study 1, the victim perspective, were upheld. Victims of rape had high levels of shame, self-blame and PTSD severity, and shame and PTSD severity were associated with a perception of the police as less empathic

during interview. Less empathic perceptions of police were associated with a decreased likelihood of taking the case to court. Psychological variables of shame, self-blame and PTSD were not directly associated with likelihood of going to court, suggesting that the role of empathy is key.

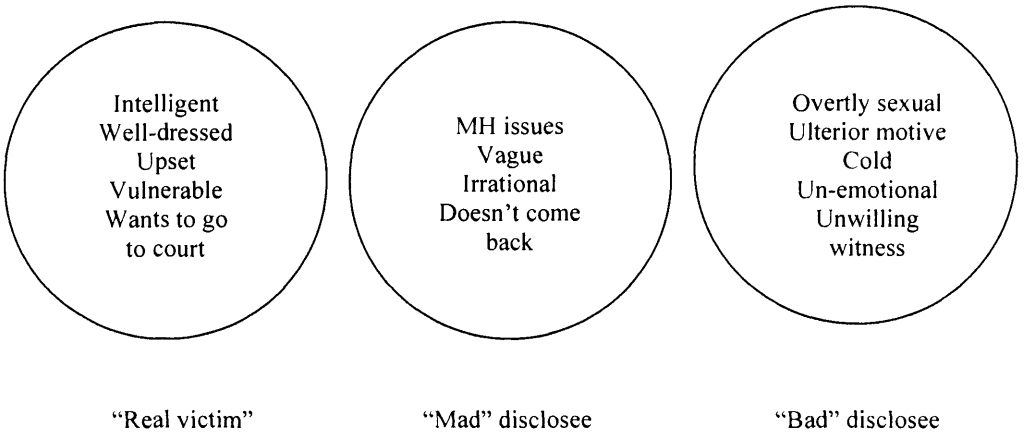

Figure 1. Conceptualisation of categorisation of victims by the police.

Studies 2 and 3, of the police perspective, showed that some behaviours associated with shame and PTSD were interpreted as signs of unreliability of victim account. Despite much evidence of diligent, sensitive specialist officers, three perceptions of victim type were described (Figure 1), which can be linked to rape myths described in the literature (Brownmiller, 1975; Krulewitz & Payne, 1978), and which revealed that some possible symptoms of PTSD (e.g. emotional numbness, vagueness, difficulty remembering the trauma) and shame (e.g. lack of eye contact, unwillingness to discuss the traumatic event) were interpreted as signs of lying or irrationality, in accordance with previous literature (Akehurst et al., 1996).

Given the results of studies 2 and 3, it seems likely that the association seen in Study 1, between the psychological factors of PTSD and shame, and the perceived empathy of the officer, was due to shame behaviours and PTSD symptoms being

misinterpreted as signs of lying or signs of mental health issues, leading the officer to treat the victim differently.

These findings add to our understanding of attrition in rape cases. They suggest that police empathy is key in preventing victim drop-out, and that this empathy is adversely affected by victim shame and PTSD. Results suggest that further training for specialist officers on the nature of PTSD and shame and on the importance of officer empathy in relation to attrition, may result in a decrease in victim drop-out, and an improvement in victim mental health. In addition, more support with the emotional aspect of the role of specialist officer might help to prevent secondary traumatisation of officers and sustain officer empathy with victims of trauma (Figley, 1995; Hesse, 2004). It is hoped that the results of these studies will aid police training and contribute to policy on treatment of rape victims and interpretation of their evidence.

Whilst each individual study has its limitations, as outlined in their respective discussion sections, this piece of research as a whole has investigated a novel area, concentrating on the specific situation of disclosure of rape in the context of the police interview, and for the first time in this setting has considered the influence of psychological factors on the ability to disclose and the perception of that disclosure. It has done so by triangulating research methods, to give a cohesive account of the disclosure of rape in a police setting. It is particularly important that future studies consider the influence of case-specific factors on both victim and police reaction, for example the effect that different types of rape have both on the victim's psychological reaction and on the officer's perception of the reliability of the account. Future studies might also try to triangulate the two perspectives of police and victim in even more detail, for example by gathering data from police officers

and victims who had been involved in the same interview. These ideas would add to our understanding of how important psychological factors are in relation to other trauma-specific factors, with a view to informing policy, improving the police interview experience and increasing the likelihood of going to court for the large number of people who are victims of rape each year.

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Part 3: Critical Appraisal

This critical appraisal begins by considering how the research idea came about, how the study got underway, and challenges that were encountered, in particular in relation to recruitment. These challenges are considered in the context of a tentative psychodynamic formulation of the recruitment process. Finally, the personal impact of the research is discussed, and conclusions and directions for potential improvements are outlined.

Background to the Study

The idea for studying the victim experience of disclosing rape to the police was proposed by psychologists at UCL who had worked clinically at the Sexual Assault Referral Centre (SARC), and who had previously been involved in research into experience of disclosure of trauma in the context of a Home Office interview (Bogner, Herlihy, & Brewin, 2007).

A number of factors made me want to be involved in this research. The low conviction rate for rape as compared to other crimes is striking. The tiny ratio of successful rape convictions to reported rapes is a statistic that is often quoted in the media, particularly in the context of commentary on poor police performance. As detailed in Part 1 of the thesis, the break-down of this statistic shows a more complex picture, with some of the low conviction rate as a result of unsuccessful court cases (approximately 70% of cases that go to court are unsuccessful), but a great deal more owing to attrition before the case reaches court. The attrition rate can be attributed partially to CPS refusal of the case, because of a lack of conclusive evidence or a lack of victim credibility, and partially to victims deciding not to carry on with the court process. This research considered the reasons for attrition in more detail, and the findings have the potential, ultimately, to reduce the attrition rate in rape cases,

by informing police training and policy decisions about how rape disclosure is handled. The ability for this study to influence the Criminal Justice System was and is very exciting to me, and it was a large motivating factor in my choosing to carry out this piece of research. The psychological effect of rape on the victim is more traumatic than many other violent crimes, and potentially lasts a lifetime. The opportunity to be involved in research which tried to understand how the negative impact of rape could be minimised felt incredibly important.

In addition, I find social discourses about sex, and about women and sex in particular, interesting. Rape is often, though not always, a crime against women, and it is inevitable that social ideas about women's sexual behaviour play a role in the police and the jury forming judgements about victim credibility. Whilst the officers I interviewed for Study 2 were deeply committed to helping the victims they interviewed, they advised victims, from the best possible motive, to make sure they weren't wearing revealing clothes during their interview with the police, since this interview is digitally recorded and shown to the jury. For a victim who has reported directly to the police station following a rape, and who is likely to be feeling ashamed and self-blaming, to then be told that her clothes make her seem less believable, seems likely to increase her feelings of shame and thoughts such as "it must have been my fault" or "I shouldn't have worn a skirt". It is indicative of the persistence of ideas about what women "should" wear, and perhaps how they should behave, in order not to be "asking for it".

These ideas have a resonance with polarised ideas of woman as virgin or whore, the helpless victim or the seductive and dangerous femme fatale, connotations that are markedly at odds with the current social climate which seems to celebrate a female "reclamation" of raunchiness (Levy, 2005), shown, for example, by current

trends for burlesque and pole-dancing exercise classes, and the proliferation of *Playboy* bunny symbols on pencil cases and T-shirts. Research into rape has the potential to highlight the persistence of an undercurrent of stereotypes which lie beneath a veneer of a celebration of a perceived sexual equality, stereotypes which seem slightly more visible in discussions about rape, for example in the tone of articles on rapes involving alcohol, where victims are vilified as "binge-drinking women". I think it is important to acknowledge the undercurrent of stereotypes relating to women and sex, so it can be openly discussed and evaluated. This research draws out underlying attitudes about rape, sexuality, and women which are present in our Criminal Justice System, and I hope that holding these views up to examination will result in some of them being challenged.

A final motivation for wanting to investigate rape came from the hidden nature of the crime. Although it affects at least 6% of people in the UK (Coleman, Jansson, Kaiza, & Reed, 2007), it is a crime which is often not discussed. The disclosure of rape is a point at which usually private thoughts and feelings related to sexual behaviour and sexuality are suddenly in the full glare of public light, whether in the police station, in front of a jury in the courtroom, or in front of a friend or family member. This makes the disclosure of rape even more emotionally charged than disclosure of other crimes or traumas, as behaviours and attitudes which are usually considered intimate are debated as evidence. Indeed, after undertaking this research three friends of mine told me that they had been raped. Their disclosure to me stemmed from their knowledge that I was investigating the subject, but had I not been doing this research it is unlikely they would have brought up their experiences. The findings of this research have the potential to provoke discussion about rape, which in my view is an important potential consequence.

Research Design

The original thesis design consisted of study 1, the victim perspective, alone. During initial discussions about what form the research would take, three trainee projects were devised which looked at different aspects of the psychological impact of rape on disclosure (this study and a study conducted by Amy Hardy into memory and PTSD) and the jury perception of this (a study conducted by Martha Nicholson)[1]. The possibility of interviewing police officers had been mooted as a possible line of investigation which would enhance the overall study, but it was thought to be impossible to organise given the time constraints. However, whilst discussing my research project in a social setting, I spoke to a friend who works as a crime scene investigator, who was very encouraging about the possibilities of interviewing officers, and agreed that it would be an interesting avenue to pursue. I became interested in carrying out a secondary study in addition to study 1, but was unsure of whether this would be feasible.

As we were recruiting rape victims from an NHS-police run service, we sought police clearance as well as obtaining NHS ethical approval. I made initial contact with the relevant Police Service Strategic Research Unit (SRU) to obtain clearance for study 1, and a meeting was held with the Head of the SRU to address concerns she had. While we were negotiating clearance for study 1, I sought additional clearance for studies 2 and 3, talking through the questions I wanted to ask with the head of the SRU. Clearance from the MPS for all three studies was obtained simultaneously, and study 2 began to run alongside study 1.

[1] When I refer to "we" during this critical appraisal, I am acknowledging the shared component of preparation for the research. Both Amy Hardy and I did a lot of the groundwork for the research involving victims together: setting up recruitment etc., but then completed our projects independently.

Challenges

The main challenges experienced during the research process involved recruitment, for both parts of the study, although in different ways.

Recruiting rape victims

Recruiting victims of rape for research into sexual assault is clearly a sensitive matter. Before commencing this research I thought it likely that recruitment would be difficult in this population, because people who had experienced a recent trauma and been interviewed several times might be unlikely to want to be interviewed again, particularly about the disclosure of their rape, an emotive and traumatic topic. However, whilst recruitment was indeed very challenging, it was not for the reason I had initially thought.

As mentioned above, in setting up this study I obtained ethical clearance from COREC, and additional clearance from the Police Research Unit and the internal SARC Research Committee. Once recruitment had commenced at the original SARC in June 2006, I thought that the study was underway.

The specialist rape centre, the SARC, where we began recruitment, had expressed a keen interest in the research. Pre-recruitment meetings had been held whilst ethics approval was being sought and care was taken to ensure that the health worker who would be approaching victims was happy in this role. She emphasised on several occasions that this would not be a problem at all, and offered to do as much as she could to help, refusing all offers of brainstorming potential difficulties and role-playing approaching clients. The Clinical Psychologist at the SARC was also extremely to be involved in the research.

Despite this, after three and a half months we had only eight referrals (one of whom changed her mind and did not want to take part), instead of the 28 we had predicted from figures given to us by the Clinical Psychologist, who had estimated that we would be able to recruit two participants per week. Discussion with the health adviser responsible for asking people if they wanted to participate revealed that in fact she did not feel comfortable asking people, and had only asked people who had specifically mentioned the police interview (two participants). This not only limited our recruitment but also biased the sample, since the health advocate reported that she was deliberately avoiding asking anyone who showed obvious distress. The clinical psychologist involved had recruited six participants, but again this sample was biased, in this case towards participants having psychological intervention. It was at this point, after several meetings to discuss options, that the rest of the clinical team, nurses and doctors, were asked if they would recruit for us.

Whilst grappling with these issues at the original SARC we also approached a second SARC. Whilst this second SARC was clearing the research with its internal research committee, a staff member approached the Crown Prosecution Service (CPS) with concerns about the project, and the whole project was paused. The concerns of the staff member were:

(1) that we could potentially affect conviction rates by interviewing people before their court case, and

(2) that we were asking people questions about self-blame which could then be used by the defence against them at the trial.

These concerns illustrate how important this research is, in that even a staff member at a rape crisis centre thinks that a psychological phenomenon (self blame) which is known as a common reaction to most violent crimes (Beaulaurier, Seff, Newman, &

Dunlop, 2005; Nixon & Nishith, 2005; Peltzer & Renner, 2004) could be used as evidence against a person who has been raped.

The outcome of this intervention was an indefinite interruption of the project. At the time of writing these concerns are still being discussed with the Crown Prosecution Service. After reflection, this led to an electronic version of the study being created on the internet, where people could participate without anyone being aware that they had done so, and without the potential for their answers to be used as evidence.

As a researcher it was particularly difficult to move this stuck process forward due to the lack of any one person definitively halting the project. In fact people very often said yes but did not do what they had agreed to, or people said nothing but seemed to wait for us to grow weary of waiting for a response. Eventually we reached our deadline and the time for collecting data stopped.

Experience of interviewing victims

As a result of the complications in recruitment, I interviewed in total three victims of rape: one young man and two young women. I did not interview enough participants to become completely comfortable with the interview schedule, but in each of the interviews I remember feeling nervous of somehow upsetting the participants further, of making them feel worse about what had happened to them, probably because the reason they were there was because they had already been hurt very badly. Whilst in the room with them I had the sense of wanting to let them know how sorry I was that they had been raped. Reflecting this, a lot of thought was put into which words to use when we drew up the interview schedule, whether to use

"rape" as matter-of-factly as possible, or whether to use terms such as "assault" which seemed less harsh.

Recruiting police officers

Recruitment of police also held challenges. The urban Police Service which was recruited from is a large organisation, and has a Strategic Research Unit specifically set up to ensure that research that is relevant to or involving police officers gets fed back to the organisation as a whole, and does not overlap with research already in progress or agreed for the future. We first encountered the Strategic Research Unit when they expressed concerns about the victim study. After lengthy negotiations they accepted that the study was viable, but advised not contacting the Crown Prosecution Service about it. I then asked the head of the Strategic Research Unit if she would be happy to support a supplementary study into police officers' views. She was very helpful, and made suggestions about modifications to the initial questions. However, a substantial amount of paperwork had to be completed before recruitment for the police study could be undertaken. A brief proposal had to be generated and cleared with the Strategic Research Unit, and clearance forms had to be filled out and submitted. There was a real sense of being on the outside of a large organisation which was protecting its members, the police officers. However, access was granted, and the interviews went ahead.

Experience of interviewing police officers

I interviewed ten of the twelve officers in their stations. Upon presenting to the station I had varying experiences of waiting for the interviewee to collect me from the front office. Some stations were relatively empty, and I did not need to wait

long to approach the front desk and explain I had an appointment. Other stations were extremely busy, and I waited for up to half an hour to get through to the front office staff, often behind a glass door. In the busier stations people were queuing up to be seen, and were often angry about something that had happened to them or that they were there to report. In these stations the atmosphere was very aggressive, there was not enough seating for the amount of people waiting, and I imagined what it would be like were I a rape victim coming to disclose. I think it would have been highly possible that a victim of a violent crime such as rape would have walked out of a station office like the busier ones described, and changed their mind about disclosing. None of the front office environments of the stations I visited were in any way conducive to reporting a violent crime, whether they were busy or not. Staff were often behind a glass screen, with members of the public on the other side of the glass, unable to communicate with the officers until they had waited their turn and been granted access through the locked door.

The struggle I had in accessing officers with whom I had arranged appointments was often frustrating. I took to phoning private lines from my mobile phone, but even this was sometimes difficult, going through to answer phones or shared lines. The inaccessibility of a busy police force was again emphasised.
The interviews themselves were very rewarding. Nevertheless, I often started the interview feeling nervous about how I would be perceived by the officers, in particular whether the digital voice recording equipment would work and whether I would come across as professional. I wonder if this was reflective, as well, of a concern of the officers which I was picking up on, and whether they felt threatened by how I, an outsider, would perceive them, particularly in a climate where media coverage and popular perception of the police is often negative.

My preconceptions of the officers were challenged by the interviews I carried out. Even though officers sometimes said things which illustrated that they would benefit from more training on psychological issues, there was a strong sense of the officers having done the job for the right reasons. I also came away with the impression that officers felt very responsible for "looking after" genuine victims. I often noticed a marked dynamism about the officers. This emphasised to me how busy they were, and what a high octane environment they functioned in.

Understanding recruitment challenges using a psychodynamic framework

To me, there is a striking similarity of protection in both recruitment settings, both of victims and of officers, and a further similarity in that once in the interview situation, both victims and officers spoke with candour and openness. One way of trying to understand the difficulties that arose in recruiting from the organisations of the SARC and the Police Service, is to consider recruitment events using psychodynamic ideas about organisational defences.

One such defence is that of "othering" (Obholzer & Zagier Roberts, 1994), a defence which allows fantasy of the world as rational and well-managed to be maintained, by placing all discomfort or fear in one or few "evil ones", giving rise to the idea that "if only they were gone, everything would be alright". In the course of recruiting from the SARCs, it sometimes felt like we, the researchers, were perceived as potentially harmful to the victims who we were in fact trying to help through our study.

Reflecting back on my feelings whilst in the room with the three victims whom I interviewed, I wonder if the brutality of the crime of rape renders the individual who has been raped very much a victim in the eyes of professionals

working with them. To think in terms of cognitive analytic theory, and reciprocal role taking, we might consider the victim who presents to services as one part of the "abused – abuser" reciprocal role pair. If the victim is clearly the "abused" party, perhaps there is a tendency for the professional working with the victim to feel themselves uncomfortably pulled into the role of the "abuser". Although the professional is not in reality abusing the rape victim, the victim has been so deeply abused that the professional feels that they could be hurt further, perhaps by the professional themselves. This could explain my feelings of having to proceed so tentatively, and wanting to apologise to the victim, even though I had not been the perpetrator of their rape, and was conducting research with the aim of helping them.

This feeling of being pulled into the role of the abuser might also explain the reluctance of the health worker to approach the victims. She seemed to see the research as a potential threat to the victims, as opposed to an opportunity for them to participate in an empowering piece of research. Not only did she not approach victims, but she carried on saying that she was, for some time, in effect obstructing the researchers or any other staff member from approaching the victims. Another reciprocal role that might apply here could be that of "protected – protector". In her mind, the health worker was protecting victims from being asked to participate in something painful. By protecting the victim from the research in this way the health worker was protecting them from us, the researcher. It could be hypothesised that through the defence of othering, we had been placed in the role of potential "abuser".

Later, at the second rape crisis centre we recruited from, a member of staff alerted the police and CPS to effectively act as "bouncers" and stop our access to potential participants. Whilst motivation here may again have been to protect the victims, the organisational might which was summoned suggests perhaps the threat

was even greater, perceived as threatening to the organisations themselves, certainly in the eyes of the CPS member who stopped us from continuing. Perhaps again we were perceived as a potential "abuser" who needed to be kept out, but this time who needed to be kept from abusing the organisation in some way, in addition to the potential participants.

Recruitment of police officers also involved an initial struggle to gain access regarding clearance from the Police Service, and minor struggles to get into individual police stations at the time of interview. There is a rich literature of organisational psychology which considers the role of psychological boundaries and defences within organisations (e.g. Hirschhorn, 1988; Menzies Lyte, 1988). These boundaries can be thought of as a way to contain anxiety. Whilst actual boundaries can be seen as separating the organisation from the outside world, divisions from one another, and individuals from other individuals, psychological boundaries can be thought of as created in response to feelings of risk and anxiety, without relation or sometimes in contradiction to practical boundaries (Hirschhorn, 1988). Inappropriate psychological boundaries might create destabilising dependencies which can prevent people from performing their roles, whilst appropriately drawn psychological boundaries might create anxiety by highlighting the risks that people face in carrying out their roles. A reaction to this anxiety is to withdraw from the boundary and deny its reality (Hirschhorn, 1988).

There was a practical boundary in the police stations which I visited, with the function of regulating the reporting of crimes at the front desk. One way of considering this practical boundary might be as a mirror of a psychological boundary, where officers were kept away from potentially hostile members of the public, who might be attacking. If this explanation is followed through, this

psychological boundary could be seen to exacerbate any such feelings in the general public that I saw in the front offices, and perhaps also add to feelings of isolation that many officers spoke about. Perhaps in order to protect themselves from hostile feelings, the organisation had set up an "us and them" environment, which was reflected in the initial difficulty in accessing the Sexual Offences Investigation Trained (SOIT) officer sample. This initial difficulty seemed to be built upon a need for senior members of the Strategic Research Unit to protect the vulnerable officers, again from an external potential "abuser": me, the researcher.

Thinking back on my experience of interviewing officers, the dynamism of the officers and the busyness of their jobs starkly contrasted with some of the deeply upsetting stories which they told about examples of disclosure which they had encountered. One way of interpreting this contrast might be to relate the dynamism to a "manic defence", where busyness and dynamism enabled the officers to put aside traumatic information they held for the victims who came to report to them. Both officers and victims seem to have been perceived as groups which were supposedly better off "protected" from us, although this concern did not come from the officers and victims themselves, who spoke openly in interviews. The sense of "othering" of the researchers came from those acting as "protector", not from those perceived as vulnerable. We were very much on the outside: not part of the SARCs, nor the police, nor the Crown Prosecution Service. This was immensely frustrating to motivations which were not to expose or lay bare any flaws, but were to help the victims using the services, and potentially the police officers too. However, the victims and officers interviewed did create an anxiety, and this anxiety can help us to understand what motivated the "protectors" to protect in the first place. In addition it is likely that there were wider organisational anxieties relating to an external

organisation coming in and conducting research which added to the need to keep us on the outside.

Personal Impact of the Research

The main impact of carrying out these studies has been to change my pre-conceptions of the police. Whilst the data from the project reveals that there are still areas which would benefit from further training and greater understanding of psychological impact of rape, I do not see the police as "to blame" for attrition. The process of dealing with rape victims has improved vastly since the 1980s when the infamous *Panorama* documentary on police treatment of rape victims was aired, and the police officers who deal with rape victims are extremely motivated to providing the best possible service and open to feedback. That they have participated in the research and can benefit from its findings should be applauded.

As far as the personal impact on myself, reading, writing and talking about rape for nearly two years has certainly had some effect. In particular, hearing graphic details of sexual acts from victims and officers has been difficult. There was a six month overlap during my undertaking of this research where I was also working on clinical placement at an adolescent unit where one of my patients was a young woman who was reporting a history of childhood sexual abuse, and during this time I felt more affected by the dark material I was exposed to. I think this has been important in empathising with the police perspective as well as the victim perspective. Even from carrying out research interviews with police and victims, I am aware that I have become more vigilant when walking home at night, a minor symptom of secondary trauma (Figley, 1995). The specialist officers are exposed to this material in huge detail and often with very raw emotion present in the account.

For them not to have some form of regular supervision which deals with the emotional impact of the work seemed to me quite extraordinary, given the known risk of secondary trauma from exposure to deeply traumatic material (Figley, 1995).

Conclusions and Suggested Improvements

There were a variety of challenges in conducting this research, some of which have resulted in limitations to the project. If I was conducting this research project again from the beginning, I would ensure that I had consulted with all potentially interested parties from the very start, before recruitment began. I would also attempt to tie the two parts of the study together more directly, linking officers with victims who had been interviewed by that officer.

The challenges experienced in relation to recruiting and interviewing participants for both studies provide interesting material with which to consider process issues of the organisations involved, and this in itself feels like a valuable experience to have had. Other researchers in the field of rape have commented on the difficulty of recruiting a group which feels extremely protected by services (Ullman & Filipas, 2001), despite evidence showing potential benefit for rape victims who participate in research (Griffin, Resick, Waldrop, & Mechanic, 2003; Rabenhorst, 2006) and I think this can be seen both in the victim recruitment struggle and to a lesser degree in the experience of recruiting officers. This is perhaps something which could benefit from more active writing and discussion of the process of researching in this setting, but is also something which might change if a project was undertaken for a longer timeframe and a really sustained effort was made to engage services in a very proactive way. At the time of writing, a reorganisation of the

SARCs is resulting in a post of responsibility for coordination of research at the SARCs. Hopefully this will ease difficulties for researchers in the future.

I am excited about the results which these linked studies have produced. They have provided valuable new information on both the police and victim experience of the police interview in victims disclosing rape, and the research will lead to recommendations being made to the Police Service which I hope will result in improved training for officers and a better experience for victims.

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Appendix 1. Outline of Contribution to Joint Study

Data collection for study 1 was carried out in conjunction with Amy Hardy, trainee clinical psychologist for her thesis entitled "Understanding Attrition in Sexual Assault: Do Trauma Memory and Post-traumatic Stress Symptoms Play a Role?". Researchers shared recruitment and interviewing equally.

Appendix 2. Study 1 Participant Information Sheet

St Mary's NHS
NHS Trust

St Mary's Hospital

Website: www.st-marys.org.uk

Participant Information Sheet

Study title: Psychological factors in experience of reporting rape in police interviews

We are currently asking people if they would like to take part in a research study. To help you decide whether you would like to take part, this sheet will give you some more information about the study: why the research is being done and what taking part would involve.

Please take time to read the following information carefully.

- Part 1 tells you the purpose of this study and what will happen to you if you take part.
- Part 2 gives you more detailed information about the conduct of the study.

Please feel free to ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you would like to take part. Talk to others about the study if you wish.

Why are we doing this study?
This study aims to find out more about the factors affecting women's experiences of reporting rape to the police, and psychological factors affecting women's decisions about whether or not to take a rape case to court. We are therefore approaching women who have reported a rape to the police, and inviting them to come for a one-off interview.

We would like to know about:

- your experience of the police interview,
- if anything could have been done differently to make things easier for you.

We would also like to know:

- whether or not you have decided to take your case to court,
- what has influenced you in this decision.

We would also like to ask you to fill in some questionnaires about your thoughts and feelings since the rape.

This study is being carried out by two researchers, Lucy Maddox and Amy Hardy. We are currently undertaking a three year doctorate in clinical psychology at University College

London. The doctorate in clinical psychology is the professional training required by the NHS to practise as a clinical psychologist. This research forms part of the doctorate.

Why have I been chosen?
We are asking all women attending the Haven at Paddington whether they would like to take part in this study.

Do I have to take part?
No. It is totally up to you whether or not you would like to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive or your legal rights.

What will happen if I don't want to take part anymore?
You can withdraw from the study at any time without giving a reason. Any information held about you would then be destroyed.

What will happen to me if I take part? What will I have to do?
If you decide to take part we will arrange a one-off meeting with you at the Haven which will last for about an hour. The sessions will be arranged so that they cause the least disruption and inconvenience to you. There will be a private and ~~n~~ confidential interview and you will be asked to complete some questionnaires. You will speak to a female trainee clinical psychologist, either Lucy Maddox or Amy Hardy. They will also be available should you need assistance with the questionnaire. If you consent, the interview will be voice-recorded, as this will help us to remember exactly what you say. You can stop the interview or the recording at any time. The recordings will be anonymised and they will not be passed on or shared with anyone outside of the research team.

Expenses and payments
Participants will be reimbursed for their travel expenses and time with a flat rate of £8, in line with University College London recommendations for reimbursement of study participants.

Are there any benefits from taking part?
We are hoping that with this research we can find out more about how it feels for women to report a rape, and to consider taking a rape case to court. This may help the police and the Crown Prosecution Service (CPS) to improve their service. This could then help other women who are raped in the future. It may be that you would like to contribute to this by taking part in the study.

Are there any disadvantages/risks from taking part?
You will not be expected to talk about your experience of the rape, ~~just~~ only the police interview. However, it is possible that during the interview you may find the topics discussed sensitive or upsetting. If you do feel like this you must raise it with the interviewer immediately. You could ask the interviewer to move on to another subject or terminate the interview altogether. It is important for you to understand that you are not required to discuss anything that you do not want to and you should discuss only the things which you feel are relevant. However, if the interview causes you distress in any way, you can talk about this with the research interviewer, Lucy or Amy. If required, further support will be available from , (Clinical Psychologist at the Haven), who has extensive experience working with women who have been raped.

What if there is a problem? Who do I speak to if problems arise?
If you have any complaint about the way you have been dealt with during the study or any possible harm you might suffer, this will be addressed. Detailed information on this is given in Part 2 of this information sheet.

Will my taking part in this study be kept confidential?
Yes. All the information about your participation in this study will be kept confidential. This is explained in more detail in Part 2 of this information sheet.

Contact for further information
Please feel welcome to ask questions or to discuss any worries that you have about this study with , the health advisor at the Haven, or , Clinical Psychologist at the Haven. You can also contact us via email at and we will be happy to answer your questions. Alternatively, if you would like to leave your telephone number for us at the Haven or by emailing us, we are happy to call you to talk to you about the study in more detail.

Many thanks for your time in reading this information.

Lucy Maddox and Amy Hardy
Trainee Clinical Psychologists
University College London

The above completes Part 1 of the Information Sheet. If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.

Part Two

What if there is a problem?

How could I complain?
If you have a concern about any aspect of this study, you should ask to speak with the researchers who will do their best to answer your questions (Contact number). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Details can be obtained from the Haven.

What are the arrangements for compensation in the event of harm?
Every care will be taken to ensure your safety during the course of the study. UCL has indemnity (insurance) arrangements in place for non-negligent harm, in the event that something does go wrong and you are harmed as a result of taking part in the research study.

If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you wish to complain, or have concerns about any aspect of the way you have been approached or treated during the course of this study, the normal National Health Service complaints mechanisms should be available to you.

Will my taking part in this study be kept confidential?
Yes. All information which is collected about you during the course of the research will be kept confidential. Any information about you will have your name and address removed so that you cannot be recognised from it. Only the researchers and a representative of the Research Ethics Committee will have access to the information collected during this study. However, the Research Governance Sponsor, University College London may monitor or audit this study to ensure that it is being conducted appropriately but your identity will not be revealed. All information, including recordings, will be kept under locked conditions. The only possible exceptions, where confidentiality could be breached, would be:

i) if the CPS required the information for evidence. However, since the information we are gathering does not relate to the rape itself, this is highly unlikely.
ii) If there is a concern that of a significant risk of harm to yourself or others.

Anonymised data will be kept for a maximum of ten years, and then destroyed.

The handling, processing, storage and destruction of personal information will be conducted in accordance with the Data Protection Act 1998.

What will happen to the results of this study?
The results will contribute to the doctoral theses of the researchers, Lucy and Amy. We also hope to publish the results of this study in a scientific journal and at professional conferences. You will not be identifiable from the doctoral dissertation or in any publication. If you wish to be informed about the results of this study once it is written up we can send you a copy of the publication, but this is completely up to you.

Who is organising and funding the research?
This study is organised by the researchers, Lucy Maddox and Amy Hardy, and their supervisors (Dr C. Barker and Ms K. Young) at University College London, as part of their doctorate in clinical psychology. A minimal funding budget is provided by the University. The student's doctorates are funded by the NHS. No other organisation is involved in funding the research.

Who has reviewed the study?
This study was given a favourable ethical opinion from for conduct in the NHS by London-Surrey Borders Local Research Ethics Committee.

Thank you for considering taking part and for taking the time to read this sheet. Should you decide to take part you will be given a copy of this form and the consent form to keep.

Contact Details:
Please feel free to contact Lucy or Amy to find out more about the study or if you have any question. Their contact details are as follows:

Appendix 3. Study 1 Participant Consent Form

St Mary's NHS
NHS Trust

St Mary's Hospital

Website: www.st-marys.org.uk

Participant Identification Number for this study:
Name of Researchers: Amy Hardy and Lucy Maddox

Consent Form

Psychological factors in experience of reporting rape in police interviews

		Please initial box
1.	I confirm that I have read and understand the information sheet dated ..... (version .....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	
3.	I understand that all information I give will be kept confidential, unless the CPS require any information given during the interview, or there is a significant risk of harm to myself or others.	
4.	I agree to my interview being voice-recorded	
5.	I understand that some of what I say may be quoted verbatim, but that I will in no way be identifiable from any such quotations used.	
6.	I agree to one of the researchers contacting the police to find out about the progress of my case.	
7.	I understand that some study documents may be looked at by responsible individuals from the research sponsor (UCL) for the purpose of monitoring/auditing. I give permission for these individuals to have access to relevant documentation.	
5.	I agree to take part in the above study.	

Name of participant	**Date**	**Signature**
Researcher	**Date**	**Signature**

Appendix 4. Ethical Approval Letters for Study 1 from London–Surrey Borders Research Ethics Committee and University College London

London–Surrey Borders Research Ethics Committee
St George's University of London

23 March 2007

Ms K Young
Senior Clinical Tutor
Sub-Department of Clinical Health Psychology
University College London

Dear Ms Young

Study title: **The Role of Psychological Factors in the Experience of Reporting Rape in Police Interviews**
REC reference: **07/Q0806/18**

Thank you for your letter of 21 March 2007, responding to the Committee's suggestions following the meeting on 07 March.

Received documents

The list of documents received following the favourable opinion given on 07 March 2007.

- Covering letter, dated 21st March 2007
- Participant Information Sheet, version 1 dated 02nd February 2007
- Analysis Plan for Research Assessment Questionnaires, version 1
- Research Assessment, version 2

The Committee is happy to maintain the favourable opinion given.

Conditions of approval
The favourable opinion was given provided that you comply with the conditions set out in the document "Standard conditions of approval by Research Ethics Committees" enclosed with the initial favourable opinion letter. If you require a further copy of these conditions please refer to www.corec.org.uk or contact the REC office.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

REC reference number: 07/Q0806/18	*Please quote this number on all correspondence*

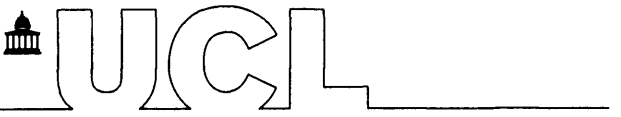
With the Committee's best wishes for the success of this project

Yours sincerely

Committee Co-ordinator

E-mail:

UCL GRADUATE SCHOOL
UCL RESEARCH ETHICS COMMITTEE



Ms Kerry Young
Sub-department of Clinical
Health Psychology
UCL

26 November 2007

Dear Ms Young

Notification of Ethical Approval
Project ID/Title: 1277/001: Police Interview Study

I am pleased to confirm that the UCL Research Ethics Committee has approved your study for the duration of the project (i.e. until June 2008).

Approval is subject to the following conditions:

1. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.

The form identified above can be accessed by logging on to the ethics website homepage: http://www.grad.ucl.ac.uk/ethics/ and clicking on the button marked 'Responsibilities Following Approval'.

2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

   Reporting Non-Serious Adverse Events.
   For non-serious adverse events you will need to inform , Ethics Committee Administrator ( ), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events
The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the

study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

Yours sincerely

Chair of the UCL Research Ethics Committee

Cc: Deborah Lee, Lucy Maddox and Amy Hardy, Sub-department of Clinical Health Psychology, UCL

Appendix 5. The Post-Traumatic Diagnostic Scale

1. During the rape...

a. Were you physically injured?	No	Yes
b. Was someone else physically injured?	No	Yes
c. Did you think that your life was in danger?	No	Yes
d. Did you think that someone else's life was in danger?	No	Yes
e. Did you feel helpless?	No	Yes
f. Did you feel terrified?	No	Yes

2. Below is a list of experiences that people sometimes have after experiencing a traumatic event. Read each one carefully and circle the number (0–3) that best describes how often the problem has bothered you IN THE PAST MONTH. Rate each problem with respect to the rape.

Please rate each item using the following scale:

	Not at all or only one time	*Once a week or less/once in a while*	*2 to 4 times a week/half the time*	*5 or more times a week/almost always*
a. Having upsetting thoughts or images about the event that came into your head when you did not want them to.	0	1	2	3
b. Having bad dreams or nightmares about the traumatic event.	0	1	2	3
c. Reliving the traumatic event, acting or feeling as if it were happening again.	0	1	2	3
d. Feeling emotionally upset when reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc).	0	1	2	3

	Not at all or only one time	*Once a week or less/once in a while*	*2 to 4 times a week/half the time*	*5 or more times a week/almost always*
e. Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast).	0	1	2	3
f. Trying not to think about, talk about or having feelings about the traumatic event.	0	1	2	3
g. Trying to avoid activities, people or places that remind you of the traumatic event.	0	1	2	3
h. Not being able to remember an important part of the traumatic event.	0	1	2	3
i. Having much less interest or participating much less often in important activities.	0	1	2	3
j. Feeling distant or cut off from people around you.	0	1	2	3
k. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings).	0	1	2	3
l. Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children or a long life).	0	1	2	3
m. Having trouble falling or staying asleep.	0	1	2	3
n. Feeling irritable or having fits of anger.	0	1	2	3
o. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read).	0	1	2	3
p. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc).	0	1	2	3
q. Being jumpy or easily startled (for example, when someone walks up behind you).	0	1	2	3

3. Please indicate below if the problems you rated above have interfered with any of the following areas of your life during the past month:

a. Work	No	Yes
b. Household chores and duties	No	Yes
c. Relationships with friends	No	Yes
d. Fun and leisure activities	No	Yes
e. Schoolwork	No	Yes
f. Relationships with your family	No	Yes
g. Sex life	No	Yes
h. General satisfaction with life	No	Yes
i. Overall level of functioning in all areas of your life	No	Yes

Appendix 6. The Internalised Shame Scale

In this section, there is a list of statements describing feelings or experiences that you may have from time to time or that are familiar to you because you have had these feelings and experiences for a long time.

Most of these statements describe feelings and experiences that are generally painful or negative in some way. Some people will seldom or never have had many of these feelings. Everyone has had some of these feelings at some time, but if you find that these statements describe the way you feel a good deal of the time, it can be painful just reading them. Try to be honest as you can in responding.

Read each statement carefully and **circle** the number of the right of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. **DO NOT OMIT ANY ITEM.**

Please rate each item on the following scale:

	Never	*Seldom*	*Sometimes*	*Often*	*Almost always*
1. I feel like I am never quite good enough.	0	1	2	3	4
2. I feel somehow left out.	0	1	2	3	4
3. I think that people look down on me.	0	1	2	3	4
4. All in all, I am inclined to feel that I am a success.	0	1	2	3	4
5. I scold myself and put myself down.	0	1	2	3	4
6. I feel insecure about others' opinions of me.	0	1	2	3	4
7. Compared to other people, I feel like I somehow never measure up.	0	1	2	3	4
8. I see myself as being very small and insignificant.	0	1	2	3	4
9. I feel I have much to be proud of.	0	1	2	3	4
10. I feel intensely inadequate and full of self-doubt.	0	1	2	3	4
11. I feel as if I am somehow defective as a person, like there is something basically wrong with me.	0	1	2	3	4
12. When I compare myself to others I am just not as important.	0	1	2	3	4
13. I have an overpowering dread that my faults will be revealed in front of others.	0	1	2	3	4

	Never	*Seldom*	*Sometimes*	*Often*	*Almost always*
14. I feel I have a number of good qualities.	0	1	2	3	4
15. I see myself striving for perfection only to continually fall short.	0	1	2	3	4
16. I think others are able to see my defects.	0	1	2	3	4
17. I could beat myself over the head with a club when I make a mistake.	0	1	2	3	4
18. On the whole, I am satisfied with myself.	0	1	2	3	4
19. I would like to shrink away when I make a mistake.	0	1	2	3	4
20. I replay painful events over and over in my mind until I am overwhelmed.	0	1	2	3	4
21. I feel I am a person of worth, at least on an equal plane with others.	0	1	2	3	4
22. At times I feel like I will break into a thousand pieces.	0	1	2	3	4
23. I feel as if I have lost control over my body functions and my feelings.	0	1	2	3	4
24. Sometimes I feel no bigger than a pea.	0	1	2	3	4
25. At times I feel so exposed I wish the earth would open up and swallow me.	0	1	2	3	4
26. I have this painful gap within me that I have not been able to fill.	0	1	2	3	4
27. I feel empty and unfulfilled.	0	1	2	3	4
28. I take a positive attitude toward myself.	0	1	2	3	4
29. My loneliness is more like emptiness.	0	1	2	3	4
30. I feel like there is something missing.	0	1	2	3	4

Appendix 7. The Others As Shamers Scale

We are interested in how people think others see them. Below is a list of statements describing feelings or experiences about how you may feel other people see you.

Read each statement carefully and circle the number to the right of the item that indicates the frequency with which you find yourself feeling or experiencing what is described in the statement. Use the scale below.

There are no right or wrong answers. Please circle the response which applies to you.

Please rate each item on the following scale:

	Never	*Seldom*	*Sometimes*	*Frequently*	*Almost always*
1. I feel other people see me as not good enough.	0	1	2	3	4
2. I think that other people look down on me.	0	1	2	3	4
3. Other people put me down a lot.	0	1	2	3	4
4. I feel insecure about others opinions of me.	0	1	2	3	4
5. Other people see me as not measuring up to them.	0	1	2	3	4
6. Other people see me as small and insignificant.	0	1	2	3	4
7. Other people see me as somehow defective as a person.	0	1	2	3	4
8. People see me as unimportant compared to others.	0	1	2	3	4
9. Other people look for my faults.	0	1	2	3	4
10. People see me as striving for perfection but being unable to reach my own standards	0	1	2	3	4
11. I think others are able to see my defects.	0	1	2	3	4
12. Others are critical or punishing when I make a mistake.	0	1	2	3	4

	Never	*Seldom*	*Sometimes*	*Frequently*	*Almost always*
13. People distance themselves from me when I make mistakes.	0	1	2	3	4
14. Other people always remember my mistakes.	0	1	2	3	4
15. Others see me as fragile.	0	1	2	3	4
16. Others see me as empty and unfulfilled.	0	1	2	3	4
17. Others think there is something missing in me.	0	1	2	3	4
18. Other people think I have lost control over my body and feelings.	0	1	2	3	4

Appendix 8. The Self-blame Subscale of the Post-traumatic Cognitions Inventory

We are interested in the kinds of thoughts you may have had after the rape. Below are a number of statements that may or may not be representative of your thinking. Please read each statement carefully and tell us how much you agree or disagree with each statement. People react to traumatic events in many different ways. There are no right or wrong answers to these statements.

Please rate each item on the following scale:

	Totally disagree	*Disagree very much*	*Disagree slightly*	*Neutral*	*Agree slightly*	*Agree very much*	*Totally agree*
1. The event happened because of the way I acted.	1	2	3	4	5	6	7
2. The event happened to me because of the sort of person I am.	1	2	3	4	5	6	7
3. Somebody else would have stopped the event from happening.	1	2	3	4	5	6	7
4. Somebody else would not have gotten into this situation.	1	2	3	4	5	6	7
5. There is something about me that made the event happen.	1	2	3	4	5	6	7

Appendix 9. Modified Version of the Empathic Understanding Subscale from the Barrett-Lennard Relationship Inventory

These questions are about how the police related to you during the interview. For each question, please circle the answer to indicate whether or not you agree with the statement.

Please rate each item on the following scale:

	Strongly untrue for me	*Moderately untrue for me*	*Slightly untrue for me*	*Slightly true for me*	*Moderately true for me*	*Strongly true for me*
1. They wanted to understand how I saw things.	0	1	2	3	4	5
2. They might have understood my words but they did not see the way I felt.	0	1	2	3	4	5
3. Their own attitudes towards some of the things I did or said prevented them from understanding me.	0	1	2	3	4	5
4. They realised what I meant even when I had difficulty in saying it.	0	1	2	3	4	5
5. They just took no notice of some things that I thought or felt.	0	1	2	3	4	5
6. They did not realise how sensitive I was about some of the things we discussed.	0	1	2	3	4	5
7. They understood me.	0	1	2	3	4	5
8. Their response to me was so fixed and automatic that I didn't really get through to them.	0	1	2	3	4	5

Appendix 10. Study 2 Participant Information Sheet and Consent Form

Information Sheet for Participants in Research Studies
You will be given a copy of this information sheet.

Title of Project:	**Police Perspective of the Initial Police Interview of Women Reporting Rape: Qualitative Interview**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]:

Name, Address and Contact Details of Investigators:

Lucy Maddox
Department of Clinical Health Psychology
University College London

We would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or you would like more information.

We are trying to understand from the police perspective, how women who report rape come across in interview, what the police perspective is of these interviews, and what affects the decision to recommend court action to the woman reporting the rape.

We think it is really important to understand the police perspective. We hope that this may help with the process of interviewing rape victims in the future.

We are also interested in your views on the current attrition rate for rape cases.

Taking part in the study involves a 30-45 minute interview with the researcher, Lucy Maddox, a trainee clinical psychologist. We would like to record your interview on a tape or digital voice recorder. All interviews will be confidential, and conversation will be anonymised so that what you say cannot be used to identify you.

It is up to you to decide whether or not to take part. If you choose not to participate it will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

All data will be collected and stored in accordance with the Data Protection Act 1998.

Informed Consent Form for Participants in Research Studies

(This form is to be completed independently by the participant after reading the Information Sheet and/or having listened to an explanation about the research.)

Title of Project: **Police Perspective of the Initial Police Interview of Women Reporting Rape: Qualitative Interview**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]:

Participant's Statement I .....agree that I have:

- read the information sheet and/or the project has been explained to me orally;
- had the opportunity to ask questions and discuss the study;
- received satisfactory answers to all my questions or have been advised of an individual to contact for answers to pertinent questions about the research and my rights as a participant and whom to contact in the event of a research-related injury.
- I understand that my participation will be recorded and I am aware of and consent to, publication of anonymised transcripts of the recording.
- I understand that the information I have submitted will be published in a scientific journal and at academic conferences and that I can be sent a copy of the journal article if I request one. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.

I understand that I am free to withdraw from the study without penalty if I so wish and I consent to the processing of my personal information for the purposes of this study only and that it will not be used for any other purpose. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.

Signed: Date:

Investigator's Statement

I .....

confirm that I have carefully explained the purpose of the study to the participant and outlined any reasonably foreseeable risks or benefits (where applicable).

Signed: Date:

Appendix 11. Letter of Ethical Approval from University College London for Studies 2 and 3

UCL graduate school

UCL RESEARCH ETHICS COMMITTEE

Dr Chris Barker
Sub-Department of Clinical
Health Psychology, UCL

17 September 2008

Dear Dr Barker

Re: Notification of Ethical Approval
Project ID/Title: 0959/001: Psychological factors in the disclosure of rape: the police perspective

I am pleased to confirm that in my capacity as Chair of the UCL Research Ethics Committee I have approved your research proposal for the duration of the project. Approval is subject to the following conditions:

2. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.

The forms identified above can be accessed by logging on to the ethics website homepage: http://www.grad.ucl.ac.uk/ethics/ and clicking on the button marked 'Responsibilities Following Approval'.

2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

   Reporting Non-Serious Adverse Events.
   For non-serious adverse events you will need to inform , Ethics Committee Administrator , within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events

The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a

decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

Yours sincerely

Chair of the UCL Research Ethics Committee

Cc: Lucy Maddox

Appendix 12. Study 2 Interview Schedule

- How many years have you been working in the Sapphire team?
- How many rape victims have you interviewed?
- In your experience of interviewing women who are reporting rape, what do you think impacts on the woman's ability to talk about the rape to a police officer?
- Have you ever thought that a woman you were interviewing was embarrassed about telling you what happened? (If yes... can you tell me about that...)
- Have you ever had a case where you think the victim is telling the truth but you don't have enough evidence? Can you tell me about that?
- Have you ever had a case where you think the woman is not wholly telling the truth? Can you tell me about that?
- Have you ever documented a false complaint?
- Would you ever/have you ever consider charging a woman in this situation for wasting police time?
- Are there any particular strategies you use to make a woman feel more comfortable with talking to you about rape? In the initial interview.. And when you go back to re-interview?
- What happens when people's accounts differ from interview to interview?
- As you know, the current attrition rate for rape cases is high. What do you think impacts on this?
- You deal with a great deal of traumatic material. Does this affect you in any way?
- Do you feel you get enough support with the emotional aspects of your work?

Appendix 13. Study 2 Index

Eight participants used for initial indexing: P2, 3, 4, 5, 6, 8, 9, 10.

1. Factors impacting on someone's ability to talk to the police about their rape
1.1. Police: First contact experience/General perception of police/Rapport with individual officer
1.2. Process: Factors related to interview process/Level of detail needed/Fear of police, of process, of camera
1.3. Rape: Psychological effect of the rape - Shock/shame/self-blame/embarrassment/Offence type/Length of time after the attack.
1.4. External: Views of others - Friends/family/Religion/culture
1.5 Individual: Individual factors - Self-confidence/communication skills / lack of understanding/pre-existing mental health issues

2. Reasons cases not taken forward by CPS
2.1. Evidence: One word against another/historic/stranger rape and DNA not on database/Marital rape.
2.2 Credibility of suspect i.e person accused is more believable than victim
2.3 Lack of credibility of victim Promiscuity/alcohol abuse/Teenage/No appropriate affect on video/How victim dresses on video/Victim using crude language/Victim being disabled. /Victim judged by jury - prostitute/drug user/Inconsistencies in story– the unravelling thread
2.4 Complications in case - Was going to go to appeal but victim had become personally involved with a professional involved in the case

3. Signs someone is telling the truth
3.1 Description – detail / physicality of description / hard to talk initially then opens up/usually thought they were going to die / no discrepancies. Lots of pointless detail. Tangents but come back to same points.
3.2 Affect – Distress/relief – level of distress – reliving/re-enacting – flinching – shaking/silent tears – "A liar is defensive, a victim is vulnerable"
3.3 Reason/Logic: no reason to make it up – no other gain.
3.4 Body Language: tense up
3.5 Individual Factors: intelligent, together, well-dressed

4. Signs not telling the truth
4.1 Instinct: Can tell straight away / Just get a gut feeling/doesn't ring right – get me examined and you'll know I'm telling the truth
4.2 Ways of Speaking: hesitancy / nervousness / legalistic / Vague / no detail of how it felt or what they were thinking/different kind of communication/no emption/detail around everything else but not the rape itself but - can't tell from emotion – loads of different ways of reacting / inconsistent emotion – smiling/relaxed – physically very relaxed posture/very aggressive
4.3 History of Allegations: similar stories in the past. Similar allegations.
4.4 Mental Health History: e.g. "psychotic" "everyone around her says she's crazy"/previous experience of mentally ill people making things up. / stories which seem bizarre and untrue e.g. father xmas / Irrational expression linked to MH/socially inept – overtly sexual/paranoid ideas
4.5 Dropping Out: Pulling out of process /often victim withdraws in last stages if not telling truth /pulling out early on indicates untruthfulness / People not wanting to take case forward

4.6 Ulterior Motive: getting back at partner/lift home/unknown/re-housing/compensation/custody of children in a divorce case
4.7 Evidence: No evidence / Evidence to contrary – e.g. CCTV of willing kissing morning after
4.8 Memory: No memory at all – blank bits./but also can't tell from memory because all of us find it hard to remember
4.9 Content of Statement: Content of disclosure – Inconsistent / physically impossible/leaving bits out if makes them look bad – if a case is true can look at from all angles (5)/saying was injured but when examined not.
4.10 Not Really Rape: didn't say no – encouraged but because of own issues feels violated/admit that lying

5. Consequences of lying?
5.1 Yes: Unit brings people in to say they were lying on tape. Under arrest.
5.2 No: think should be but hard to because bad publicity for police – bad publicity putting off future victims too / Hard unless people actually say are lying. Quite rare.

6. Strategies to make someone feel more comfortable
6.1 Qualities of Specialist Officer: Be sympathetic/empathic - Not judgemental - Always been the sort of person people can talk to / Encourage/ Emphasise that it's their chance to tell their story / Build their confidence /Tell them it can be therapeutic / Be very honest – once told someone to shut up (5) / Treat how you would want to be treated. /Adjust own personality to fit with theirs – even accent. / Use own personality.
6.2 Build Rapport: Chat / Get to know them beforehand/ make sure meet them first before/A friendship/Making victim laugh before interview/Knowing when to let them be quiet / If didn't click for some reason consider passing on to another officer
6.3 Explanation/Preparation: Explaining how to answer / Explaining boundaries and intention / Setting rules out clearly /Reassure – won't offend or shock us
6.4 Interview Process: Structure interview / Lead in gently / Warming up with questions / Let them take their time / Don't stop them mid-story / Give break if they want/rapport-free recall-q and a-summary stages. But be flexible. Write I don't want to be videoed. / Don't take notes – use video. One just remembers and types up. (5) / Open questions / Words used important – e.g. not story as can suggest making it up / Use Havens as soon as possible / Give them back their dignity. Put them back in charge
6.5 Informal: No uniform on / Soft suite environment/slam dunking paper with children/other ways of telling

7. Signs of embarrassment/shame
7.1 Language Use: Don't want to say sexual words or write them down. Skirt around the issue
7.2 Officer's Feelings: Embarrassing for police officer sometimes too – or uncomfortable *(transference???)*/no – happy tot ell because horrific
7.3 Associated Self-blame: self-blame associated – they say "I shouldn't have done that". Or embarrassed they didn't fight someone off.
7.4 Opting Out of Process: won't go through with the ABE. Especially men.

8. Strategies for dealing with inconsistencies
8.1 Ask Directly: Ask Directly ask / use non-expert stance to check out / Cover all angles – pick all holes in interview
8.2 Expect: Should expect them. Human brain works like that. Can't remember everything. Weird if none.
8.3 Double Check: Check with officer watching to see if missed any
8.4 Document: Document all

9. Factors that impact on high attrition rate for rape
9.1 External: Pressure on victim from community/family – husband or kids/immigrant populations – don't shame us. /External practical factors causing stress e.g. housing
9.2 Process Length of time taken to go to court creates opportunity to pull out. Means have to revisit just as getting over it. Want to move on. Gets harder as time goes on. Lose momentum. / Negative perception of court process: Fear of court process – unknown - - facing person in court - don't consider court when come into station – just want to tell someone initially. / Their right to drop out – not necessarily what they want. Think will impact negatively on them – not strong enough/ stats and press put people off and TV programmes – shame it's portrayed so badly though because police working hard. Vicious circle. / Don't want to go through process – public, painful, hassle - Got to tell story many many times / process removes victim's dignity. Telling and retelling. Physical exam. Maybe videoed in clothes from haven and no makeup. Very lengthy. / Could have more SOIT cover at night. Sometimes have to wait for a haven appt for hours as well
9.3 Fear About Perception of Others: fear of being judged or not believed - fear of giving evidence in front of people - it is scary process – and people do judge. Accurate negative idea of process - know they'll be made to look like they're lying in court. Think they won't be believed. public, painful, hassle
9.4 Individual: Rare to have victim who does not have MH issues – instability leads to pulling out. Could indicate lying / Personality - confidence
9.5 CPS: role – not their fault / CPS have some impact – very different criteria to police. Big impact.
9.6 Case: Not true allegation/ stereotype of rape is not like most rapes. Harder to prove and harder to report/follow through. Type of rape impacts. Stranger rape more likely to go to court. /Fear of assailant
9.7 Police: don't trust police
9.8 Conviction not what they want

10. Experience of SOIT role
10.1 Vocation: Vocation/job of conscience/maternal role/very caring / role is brilliant – right people can do the right job / if a woman told to do SOIT training – gender bias
10.2 Keeping Clear Role: Don't just do what trained to do. Go the extra mile. Still in contact with victim years later. / have to leave victim on own after they have done ABE. Really hard to do. Need someone to pass them on to or else end up being a counsellor / demands of job - guidelines on caseload have changed. / sometimes deal with interview of both suspect and victim. Very difficult job.
10.3 Positive Emotional Impact: Type of rape: Stranger rapes – feel like you've made the difference / Rewarding – card from victim, love hugs and kisses / doing a

good job. - good changes – early evidence kit. Good practice – let them have a cigarette
10.4 Negative Emotional Impact: Exhausting – dealing with MH issues / Taking the job home. Took home a case where lying. Affected. Thought the man was an animal / Not impacting as much as response team work / Not dealt with enough for adverse affect/keep boundaries/hard to switch off – using interview techniques/harder with child cases / Crazy or malicious allegations – feel wasting time / Anger - Get pissed off with liars – est. 70-80 per cent /horrible when lied to./hard to do job well if think being lied to / Distress - Upsetting seeing reliving / Full up of it. Need to move on for a bit. Draining / Some more draining than others. Really bad ones you remember every last detail. / frustrating when cases don't get through / flinch from hug. Others don't understand.
10.5 Specialist/Isolating: Role perceived negatively by other professionals - Negative reaction from hospitals sometimes / Isolating – no one else doing the same job. Don't get feedback. / flinch from hug. Others don't understand. / Unfair negative attitude towards police: Press has negative impact. Makes us look bad / Jury are the ones who decide / SOITs split up into teams so harder to have support network
10.6 Opportunity for Learning: Training excellent / Learning from the job. Skills / Challenging /

11. Support
11.1 Peer Support: Peer support – humour /Talking in the office / strong team – out for breakfast/chat on phone
11.2 External Support: support from friends/family. Don't want to take it home / Stays at work.
11.3 Specialist Support at Work: No time for supervision. Never been offered support officially. "All rufty tufty policemen" (JA) Never would bring a difficulty to work – noted on record and seen as weakness. Macho culture. Pride. / Should have more welfare meetings and an individual supervisor. / More supervision would result in better care for the witnesses. / talking to a stranger wouldn't help. / onus on you to say help. / want t a monthly meeting / go to your line manager. Can be taken off SOIT list immediately. Doesn't happen though. Can have time off / SOIT log – ridiculous – in court document. / Lack of feedback on performance – good or bad. Should have both positive and critical feedback.
11.4 Own Strategies: Keep busy/if thought about it would get upset.

Appendix 14. Example Chart of Data for One Theme of Study 2

Factors impacting on ability to talk to the police about a rape					
Participant	**Police**	**Process**	**Rape**	**External**	**Individual**
P1	Negative impact of poor first contact. E.g. brought back to station in back of police van. No SOIT officer. Ran off and someone ran after her.	Requires high level of detail. Difficult to go through it all. Impersonal. Someone you don't know asking you questions and writing notes. Negative impact. Requires detail with explicit sexual content "she couldn't say the words".	Negative impact of trauma. Reliving the experience as telling it. "she sat there and her nose bled and she was shaking". Embarrassed to have someone taking notes, especially if male officer.	Worries about what the officers think.	
P2	Fear of police.	Requires high level of detail. Painful. Fear of process. Fear of camera.	Trauma . Want to forget. Embarrassment about saying sexual words. Shame. Self-blame e.g. "people actually say " I know I shouldn't have done"".		Cultural issues are sometimes a barrier to speaking. Other barriers: Age: harder if older. Mental health. Lack of understanding. Ability to communicate e.g. some people are monosyllabic.
P3		"Getting words out of people to describe genitalia and the actual action can be very difficult".			

Factors impacting on ability to talk to the police about a rape cont'd.

Participant	Police	Process	Rape	External	Individual
P4	Way that station officers deal with the victim has a massive impact. They need more training. They can panic, and if they get it wrong it makes SOIT job really hard.	Early evidence kit has been a positive change. Means they can get a cup of tea and have a cigarette, after mouth swabs taken. Victim should be taken to soft suite asap, not wait for SOIT. Front office is scary with people wandering in and out.			
P5				Worries about telling a man.	Cultural factors make harder to talk to a man.
P6		They don't get embarrassed, they want to tell.	Some people might block it out because of how horrific it was. Reliving.		
P7		Not embarrassed about words they need to use, they want to tell someone.	A need to tell others. A need to stop the person doing it to someone else. Need to talk. Talk to anyone.		

Factors impacting on ability to talk to the police about a rape cont'd.

Participant	Police	Process	Rape	External	Individual
P8	First contact with officers at scene or in front office sets the tone. If not very good makes SOIT job really hard e.g. victims don't want to answer questions; introverted. If SOIT is not clear then it has a negative impact. SOIT needs to tell them straight what's going on. Otherwise confusing and they lose trust. If prostitute may have preconception about uniform officers which makes it harder to build rapport. Chemistry between officer and victim is important. Don't apologise or ask if ok – of course they are not ok. Need to be professional.	Need to be up front about what the process involves. Don't think people care about the surroundings. Staff contact more important than environment e.g. Haven – excellent staff more important even though good facilities. Bit embarrassed if they are women interviewed by man. But not really.	Period of shock initially. May need to be silent.		

Factors impacting on ability to talk to the police about a rape cont'd.

Participant	Police	Process	Rape	External	Individual
P9	"Clicking" with the SOIT officer. First contact is with an officer who is not specially trained. Victim thinks this is it.	How long after the rape the report has been made. Too soon and in shock, or they can't remember. Too long and they don't want to remember. Process involves repetition and then the physical examination - "going through a rape three times in one day". Process takes dignity. It even takes clothing. Might be wearing Haven clothes for the interview. Very lengthy process . It is exhausting for the victim. At the end of the process the person is left alone. Level of detail needed is hard. Really difficult for people to talk about sexual terms.	Effect of trauma: can't remember/ describe colours at first but it's clearer a few days later. "Someone who's been through such a trauma, people have an expectation of them, and that's that they cry and they break down... and they don't portray that. Partly because they're in shock, but partly I think because that's a coping mechanism".	Important that SOIT has cultural and/or religious understanding of the person.	"A personality thing to start with".

Factors impacting on ability to talk to the police about a rape cont'd.

Participant	Police	Process	Rape	External	Individual
P10	Way that the report is initially dealt with – 1st response officer is not a SOIT and has only basic training in sexual offences. Officers can be scared and this can come across to the reportee.	Definitely people are embarrassed when they talk about it. Hard to get them to use biological terms instead of slang.	Offence type – more serious offence more difficult to report. Anal rape particularly hard to talk about. May disclose to doctor instead.	Support of family and friends, what they think you should do. Religion.	Self-confidence. Harder to report if quiet and shy.
P11	Reaction of SOIT – helps if responsive and good communication skills. Initial contact before ABE helps. People can associate police with being in trouble, esp. children. Can make it harder to report.	Telling someone in detail is a relief. Telling someone the detail is traumatic. Depends on person.	Trauma. One of the worst things that can happen to you. Stressful. Tend to block out feelings. Need to talk about it. Self-blame means delayed reporting	Worries about what will happen to rapist, esp. if known assailant. Cultural factors – something that no-one would talk about.	Victim age – easier if older.
P12	Familiarity with SOIT officer helps them to talk one-to-one.	Sometimes embarrassed – need to build rapport.	Fear increases reporting Self-blame decreases reporting Relationship with suspect: if stranger more likely to tell than if known assailant. Increased self-blame if known attacker which inhibits reporting.		

Appendix 15. Example of a Mapped Theme from Study 2

Sub-themes	Comments (number of participants)
Police contact	Negative impact of first contact with non-specialist police officers (5) Fear of police (3) Rapport with SOIT (positive effect) (4)
Process	High level of detail required about rape is difficult for victims (4) Victims are embarrassed by talking about sexual terms (8) High level of detail gives the victim relief (1) Fear of process: camera, interview (1) Lengthy process (1) Process takes away dignity(1) At the end of the process the victim is left alone (1) Soft suite important (1) Soft suite not as important as how the officers are with the victim. (1)
Psychological effect of rape	Reliving the experience makes it harder to report (1) They want to forget and block out memories and feelings (3) Embarrassment/shame making it harder to talk (9) Blame themselves (3) Need to talk. Want to tell someone (2) Trauma of event affects ability to talk about it (5) Desperation increases reporting (1) More likely to tell police if it is a stranger who has raped them. (2)
External	Worries about what others will think: police officers, especially men, their culture, their religion, friends and family. (2) Worries about what will happen to the rapist. Especially if they know them (1)
Individual	Personality, self-confidence (2) Age (2) Mental health issues (1) Communication ability (1) Understanding (1)

Appendix 16. Study 3 Information Sheet and Consent Form

Title of Project: **Police Perspective of the Initial Police Interview of Women Reporting Rape: Brief online survey**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]:

Lucy Maddox
Department of Clinical Health Psychology
University College London

We would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or you would like more information.

We are trying to understand from the police perspective, how women who report rape come across in interview, and what the police perspective is of these interviews

We think that it is really important to understand the police perspective. We hope that this may help with the process of interviewing rape victims in the future.

We are also interested in your views on the current attrition rate for rape cases.

Taking part in the study involves filling in a very quick on-line questionnaire designed by Lucy Maddox, a trainee clinical psychologist, following interviews with SOIT officers. All your responses are anonymous, so your answers cannot be used to identify you.

It is up to you to decide whether or not to take part. If you choose not to participate it will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to take part you will be asked to tick the consent box below. If you decide to take part you are still free to withdraw at any time and without giving a reason.

All data will be collected and stored in accordance with the Data Protection Act 1998.

Informed Consent Form for Participants in Research Studies

(This form is to be completed independently by the participant after reading the Information Sheet and/or having listened to an explanation about the research.)

Title of Project: **Police Perspective of the Initial Police Interview of Women Reporting Rape: Qualitative Interview**

This study has been approved by the UCL Research Ethics Committee [Project ID Number]:

Participant's Statement I .....agree that I have

- read the information sheet and/or the project has been explained to me orally;
- had the opportunity to ask questions and discuss the study;
- received satisfactory answers to all my questions or have been advised of an individual to contact for answers to pertinent questions about the research and my rights as a participant and whom to contact in the event of a research-related injury.
- I understand that the information I have submitted will be published in a scientific journal and at academic conferences and that I can be sent a copy of the journal article if I request one. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.

I understand that I am free to withdraw from the study without penalty if I so wish and I consent to the processing of my personal information for the purposes of this study only and that it will not be used for any other purpose. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.

Signed: Date:

Investigator's Statement

I .....confirm that I have carefully explained the purpose of the study to the participant and outlined any reasonably foreseeable risks or benefits (where applicable).

Signed: Date:

Appendix 17. Example Pages from Study 3 Online Questionnaire

THANK YOU FOR TAKING PART IN THE PROJECT

We would like to find out some basic information about you.

2. Are you male or female?

☐ Male ☐ Female

3. How would you best describe your ethnicity?

☐ Black African
☐ Black Caribbean
☐ Asian
☐ White British
☐ White Other
☐ Other *(please specify)*: _____

4. What is your age?

_____

5. How would you best describe your marital status?

☐ Single
☐ Cohabiting
☐ Married
☐ Widowed
☐ Separated
☐ Divorced

6. Which local authority area do you work in?

_____

7. How long have you been working as a SOIT officer? (please state the time period in the number of years)

_____

8. Approximately how many cases of sexual assault (including rape) have you interviewed?

_____

9. Many people report their rape but do not go to court with the case.
How important you think each of these factors is in making people discontinue with the legal process after their initial report to the police?

	Very important	Moderately important	A little bit important	Not at all important
a. The person never wanted to go to court in the first place, they just wanted to tell someone	☐	☐	☐	☐
b. The person just wants to forget all about the rape	☐	☐	☐	☐
c. The person was not telling the truth	☐	☐	☐	☐
d. The person knows the suspect and is scared	☐	☐	☐	☐
e. The person knows the suspect and is protecting them	☐	☐	☐	☐
f. The person does not have the support of their friends and family	☐	☐	☐	☐
g. The person is experiencing reactions to trauma which make it hard for them	☐	☐	☐	☐
h. The person feels they are/will not be believed	☐	☐	☐	☐
i. The person feels it was their fault that they were raped	☐	☐	☐	☐
j. The person is worried about what other people will think about them	☐	☐	☐	☐
k. The person has had a bad experience with the police	☐	☐	☐	☐
l. The person has been put off by media portrayal of the courtroom	☐	☐	☐	☐
m. The person is frightened of the court process	☐	☐	☐	☐
n. The victim feels that the court process is going to take too long	☐	☐	☐	☐
o. There is not enough evidence to go to court	☐	☐	☐	☐
p. The victim is not credible enough to go to court	☐	☐	☐	☐
q. The victim is not capable of going to court	☐	☐	☐	☐

10. Are there any other factors that you think are important in making people discontinue with the legal process after their initial report? ☐ Yes ☐ No

If you answered yes, what do you think these factors are?

11. When police officers interview someone who is reporting a rape, they form an impression of the reliability of the victim's account in different ways.

What do the following factors suggest to you about the reliability or unreliability of the victim's account?

	Suggests that the victim's account is very reliable	Suggests that the victim's account is reliable	Neither suggests that the victim's account is reliable nor unreliable	Suggests that the victim's account is unreliable	Suggests that the victim's account is very unreliable
a. They have been drinking or taking drugs	○	○	○	○	○
b. There are no inconsistencies in their account	○	○	○	○	○
c. They are upset as they talk about the rape	○	○	○	○	○
d. They seem scared as they talk about the rape	○	○	○	○	○
e. Their body language seems tense	○	○	○	○	○
f. They can remember everything	○	○	○	○	○
g. Their account "rings true"	○	○	○	○	○
h. They have blanks where they can't remember bits of the rape	○	○	○	○	○
i. They give you a gut feeling that something is not right	○	○	○	○	○
j. They seem cold and detached	○	○	○	○	○
k. They are working in a reputable job	○	○	○	○	○
l. They contradict themselves	○	○	○	○	○
m. They look down when they speak to you	○	○	○	○	○
n. They have an ulterior motive e.g. housing, custody of children	○	○	○	○	○
o. They are known to have had mental health issues in the past	○	○	○	○	○
p. They are known to have mental health issues now	○	○	○	○	○
q. They talk about everything else but avoid talking about the actual rape	○	○	○	○	○
r. They have made several previous allegations	○	○	○	○	○

s. They can tell you all the details	☐	☐	☐	☐	☐
t. They have a history of one night stands	☐	☐	☐	☐	☐
u. They are well-dressed	☐	☐	☐	☐	☐
v. Their account is full of very physical detail	☐	☐	☐	☐	☐
w. They are sober	☐	☐	☐	☐	☐
x. There is evidence against what they say	☐	☐	☐	☐	☐
y. They are vague	☐	☐	☐	☐	☐
z. They seem to find it hard to make eye contact	☐	☐	☐	☐	☐
aa. They go red	☐	☐	☐	☐	☐
ab. They seem nervous	☐	☐	☐	☐	☐
ac. They have never had contact with the police before	☐	☐	☐	☐	☐
ad. They seem embarrassed	☐	☐	☐	☐	☐
ae. They have come to report the rape straight after the attack	☐	☐	☐	☐	☐
af. They skirt around the issue	☐	☐	☐	☐	☐
ag. They don't want to do the interview	☐	☐	☐	☐	☐

12. Are there any other factors which you think are important in helping you to form an impression about the reliability or unreliability of the victim's account?

☐ Yes ☐ No

If you have answered yes, what do you think these factors are?

13. Finally, in carrying out this research I have been enormously impressed by what a difficult job the role of SOIT officer is.

	Yes I would really like more support with the emotional	**Yes I would quite like more support with the emotional**	**I am not sure whether I would like more support with the**	**No I would not like more support with the emotional impact of**	**No I would really not like more support with the emotional**

	impact of the work I do	impact of the work I do	emotional impact of the work I do or not	the work I do	impact of the work I do
a. Would you want more support with the emotional impact of your work?	☐	☐	☐	☐	☐

14. Which of these options if any you think would benefit you in your work?

	I think this would benefit me a lot	I think this would benefit me a bit	I'm not sure if this would benefit me or not	I don't really think this would benefit me	I don't think this would benefit me at all
a. Individual supervision with a senior colleague	☐	☐	☐	☐	☐
b. Meetings with other SOITs	☐	☐	☐	☐	☐
c. Mandatory appointment with psychologist or occupational health to check in	☐	☐	☐	☐	☐
d. Ongoing training updates	☐	☐	☐	☐	☐
e. Debriefing after ABE interviews	☐	☐	☐	☐	☐
f. Other (please state what in last question, below)	☐	☐	☐	☐	☐

15. Is there anything you would like to add?

Appendix 18. Officer Views on the Importance of Factors Impacting on Rape Case Attrition

	Very important (3 points)		Moderately important (2 points)		A little bit important (1 point)		Not at all important (0 points)		Total score	Rank
	n	(%)	*n*	(%)	*n*	(%)	*n*	(%)		
Not telling the truth	41	(65.1)	12	(19.0)	8	(12.7)	2	(3.2)	155	1
Wants to forget about the rape	31	(48.4)	24	(37.5)	8	(12.5)	1	(1.6)	149	2
Never wanted to go to court, just wanted to tell someone	26	(40.6)	26	(40.6)	10	(15.6)	2	(3.1)	140	3
Not enough evidence	34	(54.0)	13	(20.6)	11	(17.5)	5	(7.9)	139	4
Scared of known suspect	25	(39.7)	23	(36.5)	14	(22.2)	1	(1.6)	135	5
Frightened of court process	27	(43.5)	19	(30.6)	13	(21.0)	3	(4.8)	132	6
Trauma reactions make it hard	24	(38.7)	24	(38.7)	11	(17.7)	3	(4.8)	131	7
Feel they are not/will not be believed	18	(28.6)	32	(50.8)	12	(19.0)	1	(1.6)	130	8
Victim not credible enough	21	(33.3)	25	(39.7)	11	(17.5)	6	(9.5)	124	9
Feel rape was their fault	20	(31.7)	23	(36.5)	17	(27.0)	3	(4.8)	123	10
Court process too long	20	(31.7)	22	(34.9)	16	(25.4)	5	(7.9)	120	11
No support from friends and family	18	(28.6)	24	(38.1)	16	(25.4)	5	(7.9)	118	12
Put off by media portrayal of court	19	(30.2)	21	(33.3)	15	(23.8)	8	(12.7)	114	13
Protecting known suspect	16	(25.8)	22	(35.5)	17	(27.4)	7	(11.3)	109	14
Worried about others' perceptions	13	(21.3)	27	(44.3)	16	(26.2)	5	(8.2)	109	14
Victim not capable of going to court	12	(19.0)	22	(34.9)	24	(38.1)	5	(7.9)	104	16
Bad experience with the police	9	(14.3)	25	(39.7)	21	(33.3)	8	(12.7)	98	17

Note. Results are presented as number of officers who rated each level of importance, and the equivalent percentage. For each factor a total score and rank has been calculated. This was obtained by adding together the number of points ascribed to each factor. The number of points for each level of importance is given in brackets in the heading

Appendix 19. Officer Views on What Type of Support Would Benefit Them in Their Role

	I think this would benefit me a lot		I think this would benefit me a bit		I'm not sure if this would benefit me or not		I don't really think this would benefit me		I don't think this would benefit me at all	
	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*
Individual supervision with senior colleague	12.9	8	25.8	16	25.8	16	24.2	15	11.3	7
Meetings with other specialist officers	33.3	21	38.7	24	14.5	9	11.3	7	3.2	2
Mandatory check in appointment with psychologist or OH	20.6	13	22.2	14	14.5	9	19.0	12	19.0	12
Ongoing training updates	60.3	38	34.9	22	0	0	1.6	1	1.6	1
Debriefing after interviews	26.9	17	26.9	17	19.0	12	14.3	9	7.9	5